



Instructions

- Use this form to provide detailed information about the injured worker's ability to work. Add comments to Section 4 or attach additional information as necessary. BWC uses the information to support a request for temporary total compensation.
- The treating physician must submit this form each time they see the injured worker unless they:
 - Have been awarded permanent and total disability.
 - Have returned to work without restrictions within seven days of the injury.
 - Are being treated after the treating physician has released them to their former position of employment (i.e., full duty job) held on the date of injury without restrictions.
- While you may use an equivalent physician-generated document (e.g., office notes, treatment plan) to the MEDCO-14, it must contain, at a minimum, the required data elements. If you've previously submitted equivalent data, indicate the date of the report on the form (e.g., 5/15/2021, office note).

Note: Physician assistants and nurse practitioners may complete this form; however, they may only certify temporary disability for the first six weeks after the date of injury. Subsequent periods of temporary disability require a co-signature by the treating physician.

- Fax form to the managed care organization if the employer is state-fund or to the employer if self-insured.
- **Important:** Failure to provide complete information may delay compensation payments to the injured worker.

Injured worker name		Claim number	Date of injury
Date of last appointment/examination		Date of this appointment/examination	Date of next appointment/examination
Submission type (Select one of the options below.)			
1	<input type="checkbox"/> Initial MEDCO-14. Proceed to Section 2. <input type="checkbox"/> Subsequent MEDCO-14, no changes Proceed to Section 6. <input type="checkbox"/> Subsequent MEDCO-14, with changes. Check the appropriate box "Reporting changes from the last evaluation" or "No changes" in each section.		
Job description and work status		<input type="checkbox"/> Reporting changes from last evaluation <input type="checkbox"/> No changes	
2	<ul style="list-style-type: none"> • Have you reviewed the injured worker's job description? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ◦ If yes, who provided the job description <input type="checkbox"/> Injured worker <input type="checkbox"/> Employer <input type="checkbox"/> MCO/BWC • Does the injured worker have any physical or health restrictions related to the allowed conditions in the claim on the date of this exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ◦ If yes, are the restrictions: <input type="checkbox"/> Permanent? <input type="checkbox"/> Temporary? ◦ If no, check the box to indicate the injured worker is released to return to full duty as of the date of this exam. <input type="checkbox"/> Proceed to Section 6. • If there are restrictions, can the injured worker return to their full duty job held on the date of injury as of the date of this exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ◦ If yes, Proceed to Section 6. ◦ If no, provide date restrictions began ____/____/____ and estimated full duty return-to-work date ____/____/____. Proceed to Section 3. 		
Disability information		<input type="checkbox"/> Reporting changes from last evaluation <input type="checkbox"/> No changes	
Complete the chart below for all work-related allowed conditions being treated.			
3	Narrative description of the work-related allowed condition	Site/Location if applicable	ICD code
			Is the condition preventing full duty release to the job injured worker held on the date of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
List all other conditions that impact treatment of the conditions listed above (e.g., co-morbidities or not yet allowed conditions).			

