

RETURN TO WORK PHYSICAL CAPABILITIES

PHYSICIAN: _____ INJURED WORKER: _____
 EMPLOYER: _____ CLAIM #: _____

In an 8 hour workday, the worker can:

	No Restrictions	3-5 Hours	1-3 Hours	Not At This Time
1. Stand/Walk:	_____	_____	_____	_____
2. Sit:	_____	_____	_____	_____
3. Drive:	_____	_____	_____	_____

	No Restrictions (67%-100%)	Frequently (34%-66%)	Occasionally (1%-33%)	Not At This Time
4. Lift:				
0-10 lbs.	_____	_____	_____	_____
11-20 lbs.	_____	_____	_____	_____
21-50 lbs.	_____	_____	_____	_____
51-100 lbs.	_____	_____	_____	_____
101 + lbs.	_____	_____	_____	_____

Carry:				
0-10 lbs.	_____	_____	_____	_____
11-20 lbs.	_____	_____	_____	_____
21-50 lbs.	_____	_____	_____	_____
51-100 lbs.	_____	_____	_____	_____
101 + lbs.	_____	_____	_____	_____

5. In an 8 hour workday, the worker is able to:

(a) Bend	_____	_____	_____	_____
(b) Squat	_____	_____	_____	_____
(c) Climb	_____	_____	_____	_____
(d) Kneel	_____	_____	_____	_____
(e) Push/Pull	_____	_____	_____	_____
(f) Reach	_____	_____	_____	_____
(g) Crawl	_____	_____	_____	_____

6. Worker can use hands for (a) Gross grasping:	_____ Yes	_____ No
(b) Fine manipulations:	_____ Yes	_____ No

7. Worker can use feet for operation of foot controls:	_____ Yes	_____ No
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8. _____ SEDENTARY WORK: Lifting 10 lbs maximum and occasionally lifting and/or carrying.
 _____ LIGHT WORK: Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
 _____ MEDIUM WORK: Lifting 50 lbs. maximum with frequent lifting and/or carrying objects up to 50 lbs.
 _____ HEAVY WORK: Lifting 100 lb. Maximum with frequent lifting and/or carrying objects.
 _____ VERY HEAVY WORK: Lifting objects in excess of 100 lbs. with frequent lifting and/or carrying objects weighing 50 lbs. or more.

9. Comments: _____

PHYSICIAN SIGNATURE: _____ DATE: _____