



JCS-Inc. Form

## Work Capacities Form

Employee Name: \_\_\_\_\_ Current Position: \_\_\_\_\_

Type of Disability: **Physical**  
*Complete Sections A, C, D, E*  
(circle one)

**Mental**  
*Complete Sections B, C, D, E*

Diagnosis: \_\_\_\_\_ Disability is (circle one): Permanent      Temporary  
\_\_\_\_\_  
\_\_\_\_\_ If Temporary estimated  
\_\_\_\_\_ length of disability: \_\_\_\_\_

*Please indicate the level of work that is within this employee's physical and mental capabilities.*

### Section A Physical Capacities

#### 1. Job Classification - General

- Sedentary Work      Lifting 10 pounds maximum
- Light Work      Lifting 25 pounds maximum
- Medium Work      Lifting 50 pounds maximum
- Heavy Work      Lifting 100 pounds maximum
- Very Heavy Work      Lifting over 100 pounds

#### 2. Physical Requirements

**Key**      Never:      Not at all  
Rarely:      Occurring during less than 5% of the workday  
Occasionally:      6-20% of the workday  
Frequently:      21-50% of the workday  
Continuously:      51% or more of the workday

	Never	Rarely	Occasionally	Frequently	Continuously
Sit	_____	_____	_____	_____	_____
Stand	_____	_____	_____	_____	_____
Walk	_____	_____	_____	_____	_____
Bend	_____	_____	_____	_____	_____
Crawl	_____	_____	_____	_____	_____
Kneel	_____	_____	_____	_____	_____
Squat	_____	_____	_____	_____	_____
Reach Forward	_____	_____	_____	_____	_____
Twist	_____	_____	_____	_____	_____

Lifting:

	Never	Rarely	Occasionally	Frequently	Continuously
0-10 lbs	_____	_____	_____	_____	_____
11-25 lbs	_____	_____	_____	_____	_____
26-50 lbs	_____	_____	_____	_____	_____
51-100 lbs	_____	_____	_____	_____	_____
100+ lbs	_____	_____	_____	_____	_____

Carrying:

	Never	Rarely	Occasionally	Frequently	Continuously
0-10 lbs	_____	_____	_____	_____	_____
11-25 lbs	_____	_____	_____	_____	_____
26-50 lbs	_____	_____	_____	_____	_____
51-100 lbs	_____	_____	_____	_____	_____
100+ lbs	_____	_____	_____	_____	_____

Manipulation:

	Right		Left	
Simple Grasping	_____ Yes	_____ No	_____ Yes	_____ No
Fine Manipulation	_____ Yes	_____ No	_____ Yes	_____ No
Pushing and Pulling	_____ Yes	_____ No	_____ Yes	_____ No
Repetitive Foot Motions	_____ Yes	_____ No	_____ Yes	_____ No

## Section B Mental Capacities

Evaluate each mental activity within the context of the individual's capacity to sustain that activity over a normal workday and workweek, on an ongoing basis.

	Not Limited	Moderately Limited	Markedly Limited
1. Ability to remember locations and work-like procedures	_____	_____	_____
2. Ability to understand and remember short simple instructions	_____	_____	_____
3. Ability to understand and remember detailed instructions	_____	_____	_____
4. Ability carry out short and simple instructions	_____	_____	_____
5. Ability to carry out detailed instructions	_____	_____	_____
6. Ability to maintain attention and concentration for extended periods	_____	_____	_____
7. Ability to perform activities within a schedule, maintain regular attendance, punctuality	_____	_____	_____
8. Ability to sustain an ordinary routine without special supervision	_____	_____	_____
9. Ability to work in conditions with or in proximity to others without being distracted	_____	_____	_____
10. Ability to make simple work-related decisions	_____	_____	_____
11. Ability to complete a normal workday and workweek without interruptions from physiologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods	_____	_____	_____
12. Ability to interact appropriately with the general public	_____	_____	_____
13. Ability to ask simple questions or request assistance	_____	_____	_____
14. Ability to accept instructions and respond appropriately to criticism from supervisors	_____	_____	_____
15. Ability to get along with co-workers or peers without distracting them or exhibiting behavioral extremes	_____	_____	_____
16. Ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness	_____	_____	_____
17. Ability to respond appropriately to changes in the work setting	_____	_____	_____
18. Ability to be aware of normal hazards and take appropriate precautions	_____	_____	_____
19. Ability to travel to unfamiliar places or use public transportation	_____	_____	_____
20. Ability to set realistic goals or make plans independently of others	_____	_____	_____

**Section C    Comments**

---

---

---

---

---

---

**Section D    Name and Address of Physician completing this form**

---

---

---

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_