| Employee Name: |  | Current Position: |  |
| --- | --- | --- | --- |
| Type of Disability: *(circle one)* | **Physical**  *Complete Sections A, C, D, E* | **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 * Light Work * Medium Work * Heavy Work * Very Heavy Work | | Lifting 10 pounds maximum  Lifting 25 pounds maximum  Lifting 50 pounds maximum  Lifting 100 pounds maximum  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 | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to understand and remember short simple instructions | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to understand and remember detailed instructions | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability carry out short and simple instructions | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to carry out detailed instructions | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to maintain attention and concentration for extended periods | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to perform activities within a schedule, maintain regular attendance, punctuality | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to sustain an ordinary routine without special supervision | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |

| 1. Ability to work in conditions with or in proximity to others without being distracted | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| --- | --- | --- | --- | --- | --- |
| 1. Ability to make simple work-related decisions | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. 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 | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to interact appropriately with the general public | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to ask simple questions or request assistance | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to accept instructions and respond appropriately to criticism from supervisors | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to get along with co-workers or peers without distracting them or exhibiting behavioral extremes | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to respond appropriately to changes in the work setting | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to be aware of normal hazards and take appropriate precautions | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. Ability to travel to unfamiliar places or use public transportation | \_\_\_\_\_ |  | \_\_\_\_\_ |  | \_\_\_\_\_ |
| 1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_