



## WORK CAPACITIES FORM

**To be completed by your physician and returned to Human Resources  
at least 2 days prior to your return to work.**

Employee Name: \_\_\_\_\_

Employee ID# or SS# \_\_\_\_\_

**If employee is able to return to work with no restrictions, please complete Section A and continue to Section F on the back. If the employee will return to work with limitations or restrictions, complete sections B through F.**

### A. NO RESTRICTIONS

Return to Work, No Restrictions                      Date: \_\_\_\_\_

### B. LIMITATIONS OR RESTRICTIONS

Type of Disability:             Physical (Complete Sections, C,E,F)  
     Mental (Complete Sections, D,E,F)

Describe the relevant medical facts related to the condition \_\_\_\_\_

Disability is:     Permanent     Temporary

If temporary, estimated length of disability: \_\_\_\_\_

**Please utilize the patient's job description to indicate the level of work within this patient's physical and/or mental capabilities.**

### C. PHYSICAL CAPACITIES

I. HOURS PER DAY	II. JOB CLASSIFICATION	III. PHYSICAL REQUIREMENTS
<input type="checkbox"/> 2 Hours <input type="checkbox"/> 4 Hours <input type="checkbox"/> 6 Hours <input type="checkbox"/> 8 Hours <input type="checkbox"/> 10 Hours <input type="checkbox"/> 12 Hours or more	<input type="checkbox"/> Sedentary Work    (Lifting 10 lbs Max) <input type="checkbox"/> Light Work            (Lifting 25 lbs Max) <input type="checkbox"/> Medium Work         (Lifting 50 lbs Max) <input type="checkbox"/> Heavy Work            (Lifting 100 lbs Max) <input type="checkbox"/> Very Heavy Work     (Lifting over 100 lbs Max)	<input type="checkbox"/> Never:                    Not at all <input type="checkbox"/> Rarely:                    Less than 10% <input type="checkbox"/> Occasionally:         11% - 35% <input type="checkbox"/> Frequently:             36% - 70% <input type="checkbox"/> Continuously:        71% - 100%

ACTIVITY	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
Sit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Forward:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Below Shoulder:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>LIFTING</b>	<b>NEVER</b>	<b>RARELY</b>	<b>OCCASIONALLY</b>	<b>FREQUENTLY</b>	<b>CONTINUOUSLY</b>
0 - 10 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 25 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 - 50 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 - 100 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 + lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CARRYING</b>	<b>NEVER</b>	<b>RARELY</b>	<b>OCCASIONALLY</b>	<b>FREQUENTLY</b>	<b>CONTINUOUSLY</b>
0 - 10 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 25 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 - 50 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 - 100 lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 + lb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SIMPLE GRASPING:**      RIGHT       YES       NO  
LEFT       YES       NO

**FINE MANIPULATION:**      RIGHT       YES       NO  
LEFT       YES       NO

**PUSHING & PULLING:**      RIGHT       YES       NO  
LEFT       YES       NO

**REPETITIVE FOOT MOTIONS:**      RIGHT       YES       NO  
LEFT       YES       NO

Can the individual see both near and far (correctable)?       YES       NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is the individual's depth perception accurate?       YES       NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

Can the individual distinguish between colors and shades?       YES       NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is the individual able to see via a computer monitor?       YES       NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

## D. MENTAL CAPACITIES

SUMMARY CONCLUSIONS - 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to understand and remember short simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to understand and remember detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to carry out short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to perform activities with a schedule, maintain regular attendance, and be punctual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to work in coordination with or proximity to others without being distracted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to complete a normal workday and worksheet without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ability to interact appropriately with the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ability to ask simple questions or request assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The ability to accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ability to respond appropriately to changes in the work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Ability to travel in unfamiliar places or use public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ability to set realistic goals or make plans independently of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. COMMENTS**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**F. Name & Address of Physician completing this form:**

---



---



---



---



---

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

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

Human Resources Signature: \_\_\_\_\_