

Return to Work/Physical Capability Form

Patient _____

Physician _____

Diagnosis _____

Treatment (needed for OSHA rules and placement)

- Narcotic analgesic Anti-inflammatory medication Sutures
 Physical therapy Other _____

- Condition: Improved
 Symptoms Worse
 Unchanged
 Not Applicable

I saw this patient on (date) _____ and based on the above description of the patient's current medical problem (check all that apply):

- Return to regular duty on (date) _____
 Return to work on (date) _____ with restrictions:
 temporary permanent
 Off work until (date) _____

Patient to be reevaluated: _____ days _____ weeks.

Total hours of work per day:

- 4 hours
 6 hours
 8 hours
 10 hours
 No restriction
 Other _____

- Heavy work.** Lifting 50 lbs. frequently with occasional lifting and/or carrying objects weighing up to 100 lbs.
- Medium-heavy work.** Lifting 40 lbs. frequently with occasional lifting and/or carrying of objects weighing up to 75 lbs.
- Medium work.** Lifting 25 lbs. frequently with occasional lifting and/or carrying objects weighing up to 50 lbs.
- Light-medium work.** Lifting 20 lbs. frequently with occasional lifting and/or carrying objects weighing up to 30 lbs.
- Light work.** Lifting 10 lbs. frequently with occasional lifting and/or carrying objects weighing up to 20 lbs. Even though the weight lifted may be a negligible amount, this category would include a job that requires walking or standing to a significant degree or involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.
- Sedentary work.** Lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as files, light packages and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

| | Continuously 67-100% | Frequently 34-66% | Occasionally 11-33% | Seldom 1-10% | Restricted 0% |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Not applicable | | | | | |
| Sit/drive | <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"/> |
| Twist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climb | <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"/> |
| Work overhead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work shoulder level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hand: Specify-Right [R]; Left [L]; Bilateral [B]

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Not applicable | | | | | |
| Grasp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pincer grip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Twist (wrist) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Push/pull w/hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrist flexion/extension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Feet: Specify-Right [R]; Left [L]; Bilateral [B]

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Repetitive movements as in operating foot controls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

- No exposure to moving machinery No exposure to unprotected heights
 Avoid wet work Avoid irritants (specify) _____

Patient referred to (physician) _____

Other instructions and/or limitations _____

Physician signature _____ Date _____ Time _____

This side to be completed by physician. Opposite side to be completed by employer. Date: _____

Employer's Physical Capacities Requirements

Employee name _____

Policyholder name _____

Policy No. _____

Department _____

Job title _____

Hours per shift _____

Date of injury _____

Basic job requirements

| | Continuously 67-100% | Frequently 34-66% | Occasionally 11-33% | Seldom 1-10% | Restricted 0% |
|--------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|--------------------------|
| Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobility | | | | | |
| Lifting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bending | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Squatting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kneeling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pushing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pulling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lifting | | | | | |
| 0 to 10 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 to 25 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 to 50 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 to 75 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76 to 100 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100+ lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carrying weight | | | | | |
| 0 to 10 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 to 25 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 to 50 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 to 75 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76 to 100 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100+ lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repetitive motion | | | | | |
| | Right hand | | Left hand | | |
| Dexterity | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Grasping | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Writing | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Typing | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no | |

Other physical requirements

Employer representative signature _____

Date _____

Employer/insurer contact _____