



Physician Statement of Physical Capabilities

Return completed form to:
BrickStreet Insurance
P.O. Box 3151
Charleston, WV 25332-3151

Or fax to: 877.898.6980

Claimant Name	Claim Number	Date of Injury
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Please complete this form after your examination of the patient. Indicate the patient's restrictions, if any, including modified hours, duties, environmental factors and any other information pertinent to this employee's healthy recovery and possible early return to work.

Medical Diagnosis				
Work Postures (Work is performed in which postures? Please indicate frequency.)				
Standing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Sitting	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Walking	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Climbing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Kneeling	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Pushing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Pulling	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
	(6 – 8 hours a day)	(2 – 6 hours a day)	(0 – 2 hours a day)	

Please indicate the extent to which the employee can perform the following:
(N = Never, O = Occasionally, F = Frequently, C = Continuously)

Lifting / Carrying	N	O	F	C	Activity	N	O	F	C
10 lbs. or less					Bend				
11 – 20 lbs.					Squat				
21 – 40 lbs.					Kneel				
41 – 60 lbs.					Twist / Turn				
61 – 100 lbs.					Climb				
Pushing / Pulling					Crawl				
13 – 25 lbs.					Reach Above Shoulder				
26 – 40 lbs.					Type / Keyboard				
41 – 60 lbs.					Driving				
61 – 100 lbs.					Automatic				
100+ lbs.					Standard				
Upper Extremities	Yes		No		Operate foot controls or motor vehicles	Yes		No	
Simple Grasping	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	Simultaneous	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
Pushing / Pulling	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Comments									

Physician Name	Physician Telephone
Date released with above restrictions	Date released for full-duty work
Physician Signature	Date