

Claimant name	Claimant number	Date of injury
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Please complete this form after your examination of the patient. Indicate the patient's capabilities, including work hours, duties, environmental factors and any other information pertinent to this employee's recovery and early return to work.

Medical diagnosis					
Please indicate the extent to which the employee can perform the following work postures and work activities during the usual workday.					
<b>Standing</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Sitting</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Walking</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Climbing</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
<b>Kneeling</b>	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
	>67% of workday	34% - 66% of workday	6% - 33% of workday	<5% of workday	0% of workday

Please indicate the extent to which the employee can perform the following:  
 (C - Constantly = greater than 67% F - Frequently = 34% to 66% O - Occasionally = 6% to 33% R - Rarely = Less than 5% N - Never = 0%)

Lifting/carrying	C	F	O	R	N	Pushing/pulling	C	F	O	R	N
5 lbs. or less						5 lbs. or less					
5-10 lbs.						5-10 lbs.					
11-20 lbs.						11-20 lbs.					
21-40 lbs.						21-40 lbs.					
41-60 lbs.						41-60 lbs.					
61-100 lbs.						61-100 lbs.					
100+ lbs.						100+ lbs.					
<b>Activity</b>						<b>Driving</b>					
Bend						Automatic drive					
Squat						Standard drive					
Twist/turn						<b>Upper extremities</b>	<b>Yes</b>		<b>No</b>		
Crawl						Simple grasping	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Reach above shoulder						Pushing/pulling	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Type/keyboard						<b>Operate foot controls</b>	<b>Yes</b>		<b>No</b>		
Joystick/ hand controls							<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Vibration						Simultaneous	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Comments
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Physician name	Physician telephone
Date released with above restrictions	Date released for full-duty work
Projected date for MMI	Date and time of next appointment
Physician signature	Date