

Prevention Connection



Safety resources to protect your world

SAMPLE

Work Capacity Evaluation

Work Capacity Evaluation

To be Completed by Treating Physician

Functional Work Capacity Evaluation

Employee Name:

Date:

Company:

Phone:

Physician's Name:

Phone:

Physician's Address:

In relation to an eight-hour workday, "Occasionally" means 1–33%, "Frequently" means 33–75%, and "Continuously" means more than 75% of the day.

1. A TEMPORARY job can be designed for the employee to:
(Circle the hours for each activity.)

- A. Work a maximum hours per day of: 2 -4 4-6 6-8 Flexible
B. Rest periods must be available? Yes No

The job can require:

- C. Sitting (number of hours): 1 2 3 4 5 6 7 8
D. Standing (number of hours): 1 2 3 4 5 6 7 8
E. Have both sitting and standing? Yes No
F. Walking (number of hours): 0 1 2 3 4 5 6 7 8
G. Driving (number of hours): 0 1 2 3 4 5 6 7 8

2. This worker can:
- | | Not at all | Occasionally | Frequently | Continuously |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Climb | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Bend/stoop | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Squat/crouch | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Kneel | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Reach above shoulders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Lift/lower | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Push/pull | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. This worker can lift/lower:
- | | Not at all | Occasionally | Frequently | Continuously |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Up to 10 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. 11–24 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. 25–34 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. 35–49 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. 50–74 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. 75–100 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Over100 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. This worker can push/pull:
- | | Not at all | Occasionally | Frequently | Continuously |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Up to 10 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. 11–24 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. 25–34 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. 35–49 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. 50–74 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. 75–100 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Over100 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. This worker can carry:
- | | Not at all | Occasionally | Frequently | Continuously |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Up to 10 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. 11–24 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. 25–34 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. 35–49 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. 50–74 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. 75–100 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Over100 pounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. This worker can use his or her hands for repetitive actions such as:

	Simple Grasping	Firm Grasping	Fine Manipulation
Right:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Left:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

7. This worker can use his/her feet for repetitive movements such as operating foot controls:

Right: Yes No **Left:** Yes No **Both:** Yes No

8. This worker should NOT:

A. Work at heights: Yes No
If yes, describe:

B. Work around or with moving machinery: Yes No
If yes, describe:

C. Be exposed to changes in temperature and humidity: Yes No
If yes, describe:

D. Be exposed to dust, fumes, gasses: Yes No

If yes, describe:

E. Be exposed to noise: Yes No

If yes, describe:

F. Driving automotive or mobile equipment: Yes No

If yes, describe:

9. What is your projected target date for release to a temporary job within the limitations outlined here:

Earliest projected date: _____

Latest projected date: _____

10. Based on your experience with similar injuries, what is your projected target date for release to regular duty?

Earliest projected date: _____

Latest projected date: _____

11. Based on your experience with similar injuries, what is your estimated date for maximum medical improvement?

Earliest projected date: _____

Latest projected date: _____

12. Based on your experience with similar injuries, what is your estimate of permanent disability?

Lowest projected disability: _____

Highest projected disability: _____

13. Comments:

Physician's Signature: _____

Date: _____