

Physical Capacities Evaluation

The following estimate of physical capacities is based on a clinical evaluation of the employee.

General Information	Injured Worker's Name:	Visit Date:	Claim Number:
	Doctor's Name (printed):	Date of Injury:	Job Title:

Released for work? (check one)

Worker is **released** to the job of injury without restrictions on: ____ / ____ / ____.

Anticipated release to full duty on: ____ / ____ / ____.

Worker **may perform modified duty** (altered duties or limited hours.), if available.
from ____ / ____ / ____ to ____ / ____ / ____, _____ hours per day.

Worker **not released to any work** from ____ / ____ / ____ to ____ / ____ / ____.

Prognosis poor for return to work at the job of injury at any date.

May need assistance returning to work.

Doctor's Estimate of Physical Capacities	<input type="checkbox"/> Temporary Restrictions <input type="checkbox"/> Permanent Restrictions		Worker can (related to work injury): <i>Those left blank are not restricted.</i> <table border="1"> <thead> <tr> <th></th> <th>Never</th> <th>Seldom 1-10%</th> <th>Occasional 11-33%</th> <th>Frequent 34-66%</th> <th>Constant 67-100%</th> </tr> </thead> <tbody> <tr><td>Sit</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Stand</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Walk</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Drive</td><td><input 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Example		50 lbs	20 lbs	10 lbs	0 lbs	0 lbs																																																																																																																																							
Lift	L R B	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs																																																																																																																																							
Carry	L R B	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs																																																																																																																																							
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Plans	Worker progress: <input type="checkbox"/> Slower than expected <i>address in chart notes</i> <input type="checkbox"/> As expected / <input type="checkbox"/> Better than expected	Next scheduled visit is ____ / ____ / ____.
	Comments:	<input type="checkbox"/> None, treatment concluded (MMI) Any perm. partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Willing to rate impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Care transferred to: _____

Sign	Signature: _____ Date: ____ / ____ / ____
	<input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C (Doctor must co-sign unless released to job of injury without restrictions) <input type="checkbox"/> Copy of PCE given to worker (who will return it to employer)