

## Virginia Polytechnic Institute and State University PHYSICAL CAPABILITIES FORM

<b>Employee Name:</b>	Last	First	Middle Initial	<b>Date:</b>			
<b>Diagnosis:</b>							
<b>Treatment:</b>							
<b>Based on your evaluation, the employee can perform (check appropriate box):</b>							
<input type="checkbox"/>	Full Duty (omit 1 through 6 below)			Beginning: _____			
<input type="checkbox"/>	Transitional Duty (complete 1 through 6 below)			Beginning: _____			
<input type="checkbox"/>	No Work (bedridden)						
<b>1.</b>	<b>In an 8 hour workday, the employee can:</b> <input type="checkbox"/> <b>No restriction</b>						
	Sit	2	4	6	8	hours/day	
	Stand	2	4	6	8	hours/day	
	Walk	2	4	6	8	hours/day	
<b>2.</b>	<b>Employee can lift/carry:</b> <input type="checkbox"/> <b>No restriction on these tasks</b>						
		Never		Occasionally		Frequently	
		Lift	Carry	Lift	Carry	Lift	Carry
	1-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	26-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	<b>Employee can use hand for repetitive:</b> <input type="checkbox"/> <b>No restriction on these tasks</b>						
		Grasping		Fine Manipulation		Push/Pull	
	Right	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Left	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>4.</b>	<b>Use of foot control:</b> <input type="checkbox"/> <b>No restriction on this task</b>						
		Never		Occasionally		Frequently	
	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	<b>Employee is able to:</b> <input type="checkbox"/> <b>No restriction on these tasks</b>						
		Never		Occasionally		Frequently	
	Bend	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	Crawl	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	Squat	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	Mopping/Sweeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	<b>Can the employee operate a motor vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician: \_\_\_\_\_ Next Appointment: \_\_\_\_\_