



**Physician Statement of Physical Capabilities**

Employee Name: \_\_\_\_\_ Claim Number : \_\_\_\_\_ Date: \_\_\_\_\_

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. KCEAA can accommodate any restriction except bed rest.

Date of Injury:

Medical Diagnosis:

In an 8 hour work day how many hours can this employee work?

Sit: 1  2  3  4  5  6  7  8  Continuously  With Rest

Stand: 1  2  3  4  5  6  7  8  Continuously  With Rest

Walk: 1  2  3  4  5  6  7  8  Continuously  With Rest

In a given day how many total hours can this employee work?

Upper Extremities			Lower Extremities		
Which hand is dominant? <input type="checkbox"/> Right <input type="checkbox"/> Left			Can the employee perform repetitive actions to operate foot controls or motor vehicles?		
Can the employee perform these repetitive actions?			Yes	Right <input type="checkbox"/>	Left <input type="checkbox"/>
	Yes	No	No	Right <input type="checkbox"/>	Left <input type="checkbox"/>
Simple Grasping	<input type="radio"/> Right <input type="radio"/> Left		Simultaneous	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pushing and Pulling	<input type="radio"/> Right <input type="radio"/> Left				

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

<b>Lifting/Carrying</b>	<b>N</b>	<b>O</b>	<b>F</b>	<b>C</b>	<b>Activity</b>	<b>N</b>	<b>O</b>	<b>F</b>	<b>C</b>
10 lbs. or less					Bend				
11-20 lbs.					Squat				
21-40 lbs.					Kneel				
41-60 lbs.					Twist/Turn				
61-100 lbs.					Climb				
100+ lbs.									
<b>Pushing/Pulling</b>					Reach Above Shoulder				
13-25 lbs.					Type/Keyboard				
26-40 lbs.					<b>Driving</b>				
41-60 lbs.					Automatic				
61-100 lbs.									
100+ lbs.									

Comments:

Physician Name:  Physician Telephone:

Physician Signature:

Physician Release: Yes  No