Physical Capacities Evaluation

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

King County
Department of Executive Services
Human Resources Division
Safety and Claims Management
P.O. Box 80283, Seattle, WA 98108-0283
206-296-051 Fax 206-296-0514

Employee Name:_____ Job Title: _____

Social Security #: ____ ____ ____ - ____ ____ - ____ ____ ____ ____ Claim #:_____

This employee's shift is _____ overtime ☐ may ☐ does not occur.

☐ The employee has **no** restrictions (if marked, skip to the last two lines at the bottom).

The employee is able to…

☐ work shift(s) as assigned provided that work is within the restrictions indicated below.

☐ work the following restricted schedule _____

Sit: _____ hrs at a time for _____ hrs total each shift. **Walk**: _____ hrs at a time for _____ hrs total each shift.

Stand: _____ hrs at a time for _____ hrs total each shift. **Drive**: _____ hrs at a time for _____ hrs total each shift.

Never = cannot perform ever	**R**are = less than 1% of the employee's shift	
Occasionally = 1 - 33%	**F**requently = 33 - 66%	**C**ontinuously = 67 - 100%

Stair-climb (check one)	☐ N	☐ R	☐ O	☐ F	☐ C	Lift 11-20 pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Climb	☐ N	☐ R	☐ O	☐ F	☐ C	Carry 11-20 pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Balance	☐ N	☐ R	☐ O	☐ F	☐ C	Lift 21-50 pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Bend neck up / down	☐ N	☐ R	☐ O	☐ F	☐ C	Carry 21-50 pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Bend / Stoop	☐ N	☐ R	☐ O	☐ F	☐ C	Lift 51-100 pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Kneel	☐ N	☐ R	☐ O	☐ F	☐ C	Carry 51-100 pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Squat	☐ N	☐ R	☐ O	☐ F	☐ C	Lift 100+ pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Crawl	☐ N	☐ R	☐ O	☐ F	☐ C	Carry 100+ pounds	☐ N	☐ R	☐ O	☐ F	☐ C
Operate controls, right foot	☐ N	☐ R	☐ O	☐ F	☐ C	Push / Pull weighted objects	☐ N	☐ R	☐ O	☐ F	☐ C
Operate controls, left foot	☐ N	☐ R	☐ O	☐ F	☐ C	Handle, right hand	☐ N	☐ R	☐ O	☐ F	☐ C
Reach above shoulder height	☐ N	☐ R	☐ O	☐ F	☐ C	Handle, left hand	☐ N	☐ R	☐ O	☐ F	☐ C
Reach waist-shoulder height	☐ N	☐ R	☐ O	☐ F	☐ C	Operate controls, right hand	☐ N	☐ R	☐ O	☐ F	☐ C
Reach knee-waist height	☐ N	☐ R	☐ O	☐ F	☐ C	Operate controls, left hand	☐ N	☐ R	☐ O	☐ F	☐ C
Reach floor-knee height	☐ N	☐ R	☐ O	☐ F	☐ C	Finger, right hand	☐ N	☐ R	☐ O	☐ F	☐ C
Lift 1-10 pounds	☐ N	☐ R	☐ O	☐ F	☐ C	Finger, left hand	☐ N	☐ R	☐ O	☐ F	☐ C
Carry 1-10 pounds	☐ N	☐ R	☐ O	☐ F	☐ C	Have heightened awareness	☐ N	☐ R	☐ O	☐ F	☐ C

Restrictions for…

Any of the 5 senses ... ☐ None ... ☐ (describe) _____

Talking ... ☐ None ... ☐ (describe) _____

Outside weather ... ☐ None ... ☐ (describe) _____

Temperature ... ☐ None ... ☐ (describe) _____

Heights ... ☐ None ... ☐ (describe) _____

Air quality issues ... ☐ None ... ☐ (describe) _____

Moving parts ... ☐ None ... ☐ (describe) _____

Vibration ... ☐ None ... ☐ (describe) _____

Chemicals ... ☐ None ... ☐ (describe) _____

Noise ... ☐ None ... ☐ (describe) _____

Confined Spaces ... ☐ None ... ☐ (describe) _____

Other hazards ... ☐ None ... ☐ (describe) _____

Is the employee taking any medications which impact his/her ability to work? ☐ No ☐ Yes (see below)

(If yes, please explain) _____

Are there possible limitations resulting from other medical conditions not addressed by this form? ☐ No ☐ Yes (see below)

(If yes, please explain) _____

The limitations documented are: ☐ Permanent
☐ Temporary with an anticipated full release date of ____ /____ /____
☐ Temporary with a full release not anticipated at this time

Follow up with the patient will be scheduled for _____ weeks from today.

Health Care Provider's (HCP)
printed name and phone #_____ (_____) _____

HCP's Signature_____ Date_____