WORK ABILITY FORM

INSTRUCTIONS TO TREATING PHYSICIAN: We would like to put our employee back to work in a transitional duty job while he/she is recovering from this injury. Please complete this form and provide us with the tasks our employee is able to perform.

INSTRUCTIONS TO EMPLOYEE: Please provide this form to your treating physician at the beginning of your medical appointment. Return it to your employer immediately after your appointment.

Name of Employee		Todays Date
Name of Employer	Date of Injury (if applicable)	Claim Number (if applicable)
Diagnosis (ICD-9)	Prognosis	

1. Has the worker reached maximum medical improvement? ☐ Yes ☐ No
   If yes, please provide date: _____
   Date of next scheduled appointment: _____

2. Worker is released to:
   ☐ full duty — Date _____ (Do not complete lines 3 through11. Sign below.)
   ☐ modified duty — From (date) _____ Through (date) _____ (specify limitations below)
   ☐ modified hours - specify _____ — From (date) _____ Through (date) _____
   ☐ not yet released to work

	HOURS												
	No limitations	1	2	3	4	5	6	7	8	9	10	11	12
3. In a workday, worker can stand/walk a total of	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. At one time, worker can stand/walk	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. In a workday, worker can sit a total of	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. At one time, worker can sit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

Pounds	>10	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	>100
Occasionally	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Frequently	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8. Worker can use hands for repetitive:

	Right		Left	
a. Fine manipulation	☐ Yes	☐ No	☐ Yes	☐ No
b. Pushing and pulling	☐ Yes	☐ No	☐ Yes	☐ No
c. Simple grasping	☐ Yes	☐ No	☐ Yes	☐ No
d. Power grasping	☐ Yes	☐ No	☐ Yes	☐ No
e. Keyboarding	☐ Yes	☐ No	☐ Yes	☐ No

Dominant Hand ☐ Right ☐ Left

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): ☐ Yes ☐ No

10. Worker is able to:

	Continuous 67-100% of the day	Frequently 34-66% of the day	Occasionally 6-33% of the day	Intermittently 1-5% of the day	Not at all
a. Squat	☐	☐	☐	☐	☐
b. Bend (neck)	☐	☐	☐	☐	☐
c. Bend (waist)	☐	☐	☐	☐	☐
d. Crouch	☐	☐	☐	☐	☐
e. Crawl	☐	☐	☐	☐	☐
f. Kneel	☐	☐	☐	☐	☐
g. Stoop	☐	☐	☐	☐	☐
h. Climb	☐	☐	☐	☐	☐
i. Balance	☐	☐	☐	☐	☐
j. Reach (above shoulder level)	☐	☐	☐	☐	☐
k. Reach (below shoulder level)	☐	☐	☐	☐	☐
l. Twist (neck)	☐	☐	☐	☐	☐
m. Twist (waist)	☐	☐	☐	☐	☐

11. Worker is able to drive a vehicle without restrictions: ☐ Yes ☐ No

12. Other functional abilities, limitations or modifications necessary in worker's employment: _____

Signature of Physician	Physician's typed name, address and contact information	Date