

# TRANSITIONAL WORK ABILITIES FORM

Responsibility for placing an employee at work rests with the employer. Recommendations of restrictions/accommodations are provided by the physician to help the employee and employer determine a safe return to work. All restrictions are based on a 40-hour workweek. Please check whether you agree or disagree for each job requirement or physical demand. If you disagree with an activity, please comment on the worker's maximum capacity or tolerance level. *Return form to employer.*

The employee's \_\_\_\_\_ regular job \_\_\_\_\_ temporary assignment job description is below:

Employee \_\_\_\_\_ Clinic # \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

**Employer**

**Physician**

1. Physical Demand										Physical Demand			
Job Requirements	Total hours at <i>one</i> time									Agree	Disagree	If you disagree, the tolerance is:	
a. Standing	0	.5	1	2	3	4	5	6	7	8	_____	_____	_____
b. Walking	0	.5	1	2	3	4	5	6	7	8	_____	_____	_____
c. Sitting	0	.5	1	2	3	4	5	6	7	8	_____	_____	_____
	Total hours during 8-hour shift												
a. Standing	0	.5	1	2	3	4	5	6	7	8	_____	_____	_____
b. Walking	0	.5	1	2	3	4	5	6	7	8	_____	_____	_____
c. Sitting	0	.5	1	2	3	4	5	6	7	8	_____	_____	_____

Use the following codes to rate the extent of time the worker is required to engage in each activity:

**NP** = Not Present

**F** = Frequently (1/3 to 2/3 of the time)

**O** = Occasionally (<1/3 of the time)

**C** = Constantly (>2/3 of the time)

**Employer**

**Physician**

2. Weight Requirements						Weight Requirements		
Activity	<10 lb	11-20 lb	21-50 lb	51-100 lb	100+lb	Agree	Disagree	If you disagree, the tolerance is:
a. Lifting	_____	_____	_____	_____	_____	_____	_____	_____
b. Carrying	_____	_____	_____	_____	_____	_____	_____	_____
c. Pushing	_____	_____	_____	_____	_____	_____	_____	_____
d. Pulling	_____	_____	_____	_____	_____	_____	_____	_____

Check extent of time for each physical demand.

**Employer**

**Physician**

3. Other Physical Demands					Extent of Time			Other Physical Demands			
					Not Present	<33%	34-66%	>66%	Agree	Disagree	Comments
a.	Climbing	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
b.	Kneeling / squatting	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
c.	Handling / grasping	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
d.	Finger dexterity	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
e.	Reaching below shoulder	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
f.	Reaching above shoulder	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
g.	Reaching to floor	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
h.	Turning head	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
i.	Twisting of back	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
j.	Right hand mostly	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
k.	Left hand mostly	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
l.	Forward bending	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
m.	Talking on phones	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
n.	Keyboarding / filing	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
o.	Driving	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
p.	Other	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Employer comments: \_\_\_\_\_

Physician comments: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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