

PHYSICIAN'S STATEMENT OF ABILITY TO WORK

This patient, _____ may begin work on this date: _____.

He/She may perform the tasks and work under the conditions indicated below:

Psychological Factors	Continuously	Frequently	Occasionally	Rarely	Never		
1. Working alone						Body Movements	
2. Working with others						31. Sitting	
3. Following instructions						32. Standing	
4. Supervising others						33. Walking	
5. Performing repetitive tasks						24. Bending/stooping	
6. Keeping work pace/deadlines						35. Squatting/kneeling	
7. Making judgements						36. Crouching/crawling	
8. Reasoning/analyzing						37. Twisting at waist	
Environmental Factors						38. Reaching above shoulders	
9. Noise						39. Reaching below knees	
10. Vibration						40. Lifting/carrying up to ___ lbs.	
11. Abrupt temperature change						41. Pushing/pulling up to ___ lbs.	
12. Heat (up to ___ ° F.)						42. Climbing ladders	
13. Cold (down to ___ ° F.)						43. Climbing stairs	
14. Wetness						44. Sweeping/mopping	
15. Dampness						45. Operating foot controls	
16. Dryness						Manual Tasks	
17. Fumes, odors						46. Grasping with one hand	
18. Solvents						47. Grasping with both hands	
19. Acids, bases						48. Manipulating with one hand	
20. Oils						49. Manipulating w/both hands	
21. Toxins						50. Writing	
Sensory Tasks						51. Using keyboard	
22. Seeing close (inspecting)						52. Using hand tools	
23. Seeing far (observing)						53. Operating power tools	
24. Seeing to sides						54. Operating shop machinery	
25. Seeing colors						55. Twisting/wringing	
26. Speaking						56. Scrubbing/washing/polishing	
27. Hearing speech						57. Scraping	
28. Hearing mechanical sounds						Driving	
29. Sensing odors						58. Driving car	
30. Sensing by touch						59. Driving truck	
						60. Driving in-plant vehicles	

This patient's condition is likely to change ___ Yes ___ No

Physician _____

Address _____

Phone _____ Date _____