Marathon County – Physical Capabilities Worksheet

Please complete this form after your examination of the patient and reviewing the attached job description and statement of job requirements (if provided). You may call the Marathon County Human Department at 715-261-1451 for any questions regarding essential job functions. 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. Marathon County will determine what work activities can or cannot be done based on restrictions/limitations provided.

Patient Name _____ Dated_____

Patient was last seen on (date) _____
Date of next medical appointment (date) _____

☐ Completely incapacitated at this time

☐ May work at home with the below restrictions on (date) _____
Anticipated date this restriction will end (date) _____

☐ May return to work with the below restrictions on (date) _____
Anticipated date the below restrictions will end (date)_____

☐ Return to work with no restrictions on (date)_____

☐ End of healing with the below "permanent' restrictions on (date) _____

How many hours can employee work per day:
☐ Regular scheduled hours
☐ Restricted hours - _____ hour per day
☐ Overtime – Yes OR NO

Upper Extremities

Which hand is dominant? ☐ Right ☐ Left

Can the employee perform these repetitive actions?

Simple grasping	☐ R ☐ L	☐ R ☐ L
Pushing and pulling	☐ R ☐ L	☐ R ☐ L
Fine manipulation	☐ R ☐ L	☐ R ☐ L

Lower Extremities

Can the employee perform repetitive actions to operate foot controls or motor vehicles?

Yes	**No**	**Simultaneous**
☐ R ☐ L	☐ R☐ L	☐ Yes ☐ No

Please indicate the extent to which the employee can perform the following:

N = Never
S = Seldom (up to 25% time on job)
O = Occasionally (26% to 50% on the job)
F = Frequently (51% to 75% on job)
C = Continuously (76% to 100% on the job)

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

List other restrictions/limitations and/or Other Comments.

Marathon County will determine if hours and restrictions can be accommodated and what work activities can or cannot be done based on restrictions/limitations provided.

Healthcare Provider Name _____ **Date** _____

Healthcare Provider Telephone _____

Healthcare Provider Signature _____

Clinic Name _____

Please Fax this form to: **715-261-4184**

Marathon County Human Resources Dept

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