VIRGINIA TECH

PHYSICAL CAPABILITIES FORM

Employee Name: Last First Middle Initial **Date:**

Diagnosis:

Treatment:

Based on your evaluation, the employee can perform (check appropriate box):

☐ Full Duty (omit 1 through 6 below) Beginning: _____

☐ Transitional Duty (complete 1 through 6 below) Beginning: _____

☐ No Work (bedridden)

1. In an 8 hour workday, the employee can: ☐ **No restriction**

Sit	2	4	6	8	hours/day
Stand	2	4	6	8	hours/day
Walk	2	4	6	8	hours/day

2. Employee can lift/carry: ☐ **No restriction on these tasks**

	Never		Occasionally		Frequently	
	Lift	Carry	Lift	Carry	Lift	Carry
1-10 pounds	☐	☐	☐	☐	☐	☐
11-25 pounds	☐	☐	☐	☐	☐	☐
26-50 pounds	☐	☐	☐	☐	☐	☐

3. Employee can use hand for repetitive: ☐ **No restriction on these tasks**

	Grasping		Fine Manipulation		Push/Pull	
Right	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes
Left	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes

4. Use of foot control: ☐ **No restriction on this task**

	Never	Occasionally	Frequently
Right	☐	☐	☐
Left	☐	☐	☐

5. Employee is able to: ☐ **No restriction on these tasks**

	Never	Occasionally	Frequently
Bend	☐	☐	☐
Climb	☐	☐	☐
Crawl	☐	☐	☐
Reach	☐	☐	☐
Squat	☐	☐	☐
Twist	☐	☐	☐
Mopping/Sweeping	☐	☐	☐
Drilling	☐	☐	☐

6. Can the employee operate a motor vehicle? ☐ Yes ☐ No

Comments: _____

_____

_____

_____

Physician: _____ Next Appointment: _____

Facility Name: _____