Physical Capacities Evaluation

COUNTY OF SAN MATEO

Return t ATTN: LTD ADMINISTRATOR
455 COUNTY CENTER, 5TH FLOOR
REDWOOD CITY, CA 94063

Patient	Group Number	Date Disabled

Please complete the following items based on your clinical evaluation, diagnostic testing and other pertinent information.

I. Patient can work full-time? ❒ Yes ❒ No
If not full-time, patient can work part-time? ❒ Yes ❒ No (If "yes," hours per day: _____ days per week: _____)
(If necessary, explain further in "Remarks.")

II. In a work day, patient can stand/walk:
(Hours at one time)
❒ 0-2 ❒ 2-4 ❒ 4-6 ❒ 6-8 ❒ 8-10

(TOTAL hours during day)
❒ 0-2 ❒ 2-4 ❒ 4-6 ❒ 6-8 ❒ 8-10

In a work day, patient can sit:
(Hours at one time)
❒ 0-2 ❒ 2-4 ❒ 4-6 ❒ 6-8 ❒ 8-10

(TOTAL hours during day)
❒ 0-2 ❒ 2-4 ❒ 4-6 ❒ 6-8 ❒ 8-10

III. Patient can lift/carry:

	Never 0-2.5 hrs.	Occasionally 2.5-5.5 hr.	Frequently 5.5 hrs.+	Continuously
Up to 10 pounds	❒	❒	❒	❒
11-20 pounds	❒	❒	❒	❒
21-50 pounds	❒	❒	❒	❒
51-100 pounds	❒	❒	❒	❒

IV. Patient is able to:

	Minimally	Occasionally	Frequently	Continuously
A. Stoop (bend at waist)	❒	❒	❒	❒
B. Kneel (coming to rest on knees)	❒	❒	❒	❒
C. Ascend, descend ladder	❒	❒	❒	❒
D. Ascend, descend stairs	❒	❒	❒	❒
E. Push/pull	❒	❒	❒	❒
F. Reach above shoulder level	❒	❒	❒	❒
G. Crawl	❒	❒	❒	❒

V. Use of hands for repetitive action:

Manual dexterity (hold, grasp, turn)	❒	❒	❒	❒
Finger dexterity (pinch, pick, use keyboard)	❒	❒	❒	❒

VI. Is a formal Functional Capacity Evaluation necessary? ❒ Yes ❒ No

Remarks

Other special medical considerations/functional limitations

VII. Do you believe these physical capacities to be permanent? _____

_____ _____
Physician's Signature Date

_____ (_____) _____
Address Phone

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