Employer's Physical Capacities Requirements

Employee name

Policyholder name | Policy No.

Department

Job title

Hours per shift

Date of injury

Basic job requirements

	Continuously 67-100%	Frequently 34-66%	Occasionally 11-33%	Seldom 1-10%	Restricted 0%
Sitting	❒	❒	❒	❒	❒
Standing	❒	❒	❒	❒	❒
Walking	❒	❒	❒	❒	❒
Mobility					
Lifting	❒	❒	❒	❒	❒
Bending	❒	❒	❒	❒	❒
Squatting	❒	❒	❒	❒	❒
Reaching	❒	❒	❒	❒	❒
Kneeling	❒	❒	❒	❒	❒
Pushing	❒	❒	❒	❒	❒
Pulling	❒	❒	❒	❒	❒
Lifting					
0 to 10 lbs.	❒	❒	❒	❒	❒
11 to 25 lbs.	❒	❒	❒	❒	❒
26 to 50 lbs.	❒	❒	❒	❒	❒
51 to 75 lbs.	❒	❒	❒	❒	❒
76 to 100 lbs.	❒	❒	❒	❒	❒
100+ lbs.	❒	❒	❒	❒	❒
Carrying weight					
0 to 10 lbs.	❒	❒	❒	❒	❒
11 to 25 lbs.	❒	❒	❒	❒	❒
26 to 50 lbs.	❒	❒	❒	❒	❒
51 to 75 lbs.	❒	❒	❒	❒	❒
76 to 100 lbs.	❒	❒	❒	❒	❒
100+ lbs.	❒	❒	❒	❒	❒

Repetitive motion	***Right hand***		***Left hand***	
Dexterity	❒ yes	❒ no	❒ yes	❒ no
Grasping	❒ yes	❒ no	❒ yes	❒ no
Writing	❒ yes	❒ no	❒ yes	❒ no
Typing	❒ yes	❒ no	❒ yes	❒ no

Other physical requirements

Employer representative signature | Date

Employer/insurer contact