** This form to be completed before returning to work

BANDERA COUNTY
PHYSICAL CAPABILITIES

_____ has been under my care since _____. As a result of his most recent examination the following limitation(s) are prescribed:

In a 24-hour day, the employee can stand/walk _____ hours at one time, _____ total hours during the day or ____ no restrictions.

In a 24-hour day, the employee can sit _____ hours at one time, _____ total hours during the day or ____ no restrictions.

In a 24-hour day, the employee can drive _____ hours at one time, _____ total hours during the day or ____ no restrictions.

Employee can lift or carry:

Maximum lbs.: 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

Frequently or occasionally

Employee can use his hands for repetitive

Simple Grasping ____ YES or ____ NO

Pushing and Pulling ____ YES or ____ NO

Fine Manipulation ____YES or ____ NO

Employee can use feet for repetitive operation of foot controls

____YES ____NO ____No Restrictions

Employee is able to: Frequently Occasionally Not At All

Bend
Squat
Kneel
Climb
Reach

When do estimate the employee can be released to return to work at (please provide date)
Limited Duty _____ Length of Restrictions _____
Full Duty _____

Additional Comments:

Physician's Signature _____Date_____
Print Physician's Name_____
Address_____Phone_____