



ESTIMATED FUNCTIONAL CAPACITY FORM

To be filled in by treating physician

PATIENT: _____

SS# _____ - _____ - _____

CLAIM # _____

Definitions for your reference:

SEDDENTARY WORK	Lift 10# maximum and occasionally carry small items
LIGHT WORK	Lift 20# maximum; frequently lift/carry up to 10#
MEDIUM WORK	Lift 50# maximum; frequently lift/carry up to 25#
HEAVY WORK	Lift 100# maximum; frequently lift/carry up to 50#
VERY HEAVY WORK	Lift in excess of 100#; frequently lift/carry 50#

I would estimate this person is able to:

Never **Occasionally (1-33%)** **Frequently (34-66%)** **Continuously (67-100%)**

1. LIFT:

A. UP to 10#	_____	_____	_____
B. 11-24#	_____	_____	_____
C. 25-34#	_____	_____	_____
D. 35-50#	_____	_____	_____
E. 51-74#	_____	_____	_____
F. 75-100#	_____	_____	_____

2. CARRY:

A. UP to 10#	_____	_____	_____
B. 11-24#	_____	_____	_____
C. 25-34#	_____	_____	_____
D. 35-50#	_____	_____	_____
E. 51-74#	_____	_____	_____
F. 75-100#	_____	_____	_____



3. CAN THE PERSON PERFORM THE FOLLOWING TASK'S?

Never Occasionally (1-33%) Frequently (34-66%) Continuously (67-100%)

Push/Pull – Seated	_____	_____	_____	_____
Push/Pull – Standing	_____	_____	_____	_____
Bend	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Crawl	_____	_____	_____	_____
Climb	_____	_____	_____	_____
Reach above shoulder level	_____	_____	_____	_____

ASSUMING AN 8 HOUR WORKDAY WITH TWO (2) FIFTEEN (15) MINUTE BREAKS AND ½ HOUR MEAL BREAK,

I WOULD EXPECT THIS PERSON TO BE ABLE TO:

(Circle number of hours for each activity: NOTE: Total does not have to equal to 8 hours)

										<u>Continuously</u>	<u>With Rests</u>
Sit	1	2	3	4	5	6	7	8	(hrs)	_____	_____
Stand	1	2	3	4	5	6	7	8	(hrs)	_____	_____
Walk	1	2	3	4	5	6	7	8	(hrs)	_____	_____
Alternatively Sit/Stand	1	2	3	4	5	6	7	8	(hrs)	_____	_____