



FUNCTIONAL ABILITIES FORM

Headwaters Health Care Center requires specific information regarding the nature of functional limitations for your patient's work accommodation. This information is used to provide appropriate work accommodation. Ongoing documentation may be required for extended absences.

Name of employee _____ DOB _____

Nature of illness/injury (not a confidential medical diagnosis) _____

Prognosis _____

Recommendation for work hours: Full-Time Hours Modified Hours Graduated Hours

WALKING: _____ hours/day **STANDING:** _____ hours/day

SITTING: _____ hours/day **STOOPING:** _____ hours/day

KNEELING: _____ hours/day

REPEATED BENDING: FULL PARTIAL NONE

LIFTING FLOOR TO WAIST: LESS THAN 5 KG. 5-10 KG. 10-25 KG. OVER 25 KG.

LIFTING WAIST TO SHOULDER: LESS THAN 5 KG. 5-10 KG. 10-25 KG. OVER 25 KG.

LIMITED ABLITY TO USE HAND TO: HOLD OBJECTS GRIP TYPE WRITE
OTHER _____

LIMITATIONS:

BENDING OR TWISTING OF _____

REPETITIVE MOVEMENT OF _____

ABOVE SHOULDER ACTIVITY _____

BELOW SHOULDER ACTIVITY _____

ENVIROMENTAL EXPOSURE TO _____

CHEMICAL EXPOSURE TO _____

OPERATING MOTORIZED EQUIPMENT _____

(OVER)



FUNCTIONAL ABILITIES FORM

LIMIT PHYSICAL EXERTION TO: Sedentary Light Medium Heavy

COGNITIVE LIMITATIONS: Memory Concentration Fatigue Interaction with others

RESTRICTIONS RELATED TO MEDICATION USE _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT ALLOWS A BETTER UNDERSTANDING OF THIS WORKER'S NATURE OF ILLNESS/INJURY.

Please note that any cost associated in completing this form remains the responsibility of your patient.

DATE OF NEXT APPOINTMENT FOR REVIEW OF CAPABILITIES: _____

_____	_____
SIGNATURE OF HEALTH PROFESSIONAL	DATE

THIS INFORMATION WILL REMAIN CONFIDENTIAL ON THE OCCUPATIONAL HEALTH FILE. AS APPROPRIATE, THE EMPLOYEE HEALTH OFFICE MAY CONTACT THE ATTENDING PHYSICIAN FOR CLARIFICATION. THE SIGNATURE BELOW AUTHORIZES COMMUNICATION WITH THE ATTENDING PHYSICIAN REGARDING FUNCTIONAL CAPABILITIES AND EXPECTED DURATION OF ABSENCE.

_____	_____
SIGNATURE OF PATIENT/EMPLOYEE	DATE