



## Physician Statement Of Physical Capabilities

Return completed form to:  
WVCoRP  
308 Market St. SE Suites 1&2  
Roanoke, VA 24011

Claimant Name:	Claim Number:	Date of Injury:
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Please complete this form after your examination of the patient. Indicate the patient's restrictions, if any, including modified hours, duties, environmental factors and any other information pertinent to this employee's healthy recovery and possible early return to work.

Medical Diagnosis:

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In an eight-hour workday, how many hours can this employee:

Sit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> Continuously	<input type="checkbox"/> With Rests
Stand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> Continuously	<input type="checkbox"/> With Rests
Walk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> Continuously	<input type="checkbox"/> With Rests

In a given day, how many total hours can this employee work?

Upper Extremities					Lower Extremities			
Which hand is dominant?	<input type="checkbox"/> Right		<input type="checkbox"/> Left		Can the employee perform repetitive actions to operate foot controls or motor vehicles?			
Can the employee perform these repetitive actions?					Yes	<input type="checkbox"/> Right		<input type="checkbox"/> Left
					No	<input type="checkbox"/> Right		<input type="checkbox"/> Left
Simple grasping	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	Simultaneous		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pushing and pulling	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L				

Please indicate the extent to which the employee can perform the following:  
(N = Never, O = Occasionally, F = Frequently, C = Continuously)

Lifting / Carrying	N	O	F	C	Activity	N	O	F	C
10 lbs. or less					Bend				
11 – 20 lbs.					Squat				
21 – 40 lbs.					Kneel				
41 – 60 lbs.					Twist / Turn				
61 – 100 lbs.					Climb				
<b>Pushing / Pulling</b>					Crawl				
13 – 25 lbs.					Reach Above Shoulder				
26 – 40 lbs.					Type / Keyboard				
41 – 60 lbs.					<b>Driving</b>				
61 – 100 lbs.					Automatic				
100+ lbs.					Standard				
Comments:									

Physician Name:	Physician Telephone:
Date released with above restrictions:	Date released for full-duty work:
Physician Signature:	Date: