# STATEMENT OF PHYSICAL ABILITY FOR LIMITED DUTY WORK

**INSTRUCTIONS FOR PHYSICIANS:**
Please indicate in the form below as to your professional opinion what limitations on job duties that the employee listed below can or can not engage in and for what period of time.

**INSTRUCTIONS FOR EMPLOYEES:**
Light duty is afforded for a period of not more than 6 weeks and based on availability. Should an employee not be able to fulfill the normal physical requirements within their assigned job description, depending on physical ability, some accommodation or alternate job may be able to be found within the workplace.

| Employee Name (Last, First, Middle): | Job Assignment: |
|---|---|
| | |

**Place an "X" in the appropriate box. If YES, give additional details below.**

| | YES | NO |
|---|---|---|
| 1. Do they have a hearing problem, including telephone conversations? | | |
| 2. Do they have difficulty in using arms, hands, and fingers for reaching in any direction, grasping, handling or fingering? | | |
| 3. Do they have any speech impairment which hinders, person to person, telephone conversations | | |

**During the work day, are they physically able to perform activities involving:**

| | YES | NO |
|---|---|---|
| 4. Driving an automobile? | | |
| 5. Sitting for long periods of time? | | |
| 6. Standing for long periods of time? | | |
| 7. Some walking on flat surfaces, slight inclines and occasionally climbing stairs? | | |
| 8. Frequent walk and/or climbing of stairs or steep inclines | | |
| 9. Occasional pushing and pulling motions as needed? (opening /closing doors, drawers, etc.) | | |
| 10. Frequent pushing and pulling motions as needed? (opening /closing doors, drawers, etc.) | | |
| 11. Occasional bending, stooping and crouching? | | |
| 12. Frequent bending, stooping and crouching? | | |
| 13. Occasionally lifting objects weighing up to 10 – 12 lbs. and frequently carry light weight items | | |
| 14. Occasionally lifting objects weighing up to 20 – 25 lbs. and frequently carry items weighing 10 – 12 lbs. | | |
| 15. Occasionally lifting objects weighing up to 30 – 45 lbs. and frequently carry items weighing 20 – 25 lbs. | | |

**Can they work under the following conditions?**

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| 16. Outside (frequently) | | | 23. Severe heat | | |
| 17. Severe cold | | | 24. Severe humidity | | |
| 18. Severe dampness or chilling | | | 25. Dry atmospheric conditions | | |
| 19. Constant noise | | | 26. Dusty environments | | |
| 20. Some exposure to fumes, smoke or gases (lawnmower) | | | 27. Some contact with solvents, greases and oils | | |
| 21. Occasional walking over rough terrain | | | 28. Some climbing of short ladders 8' | | |
| 22. Working below ground surface | | | 29. Working alone | | |

**Additional Details**: ***This space is for detailed answers to the questions above.***

| Item # | |
|---|---|
| Item # | |
| Item # | |
| Item # | |

**CERTIFICATION BY PHYSICIAN**

| Name of Physician: | Restriction Start Date: | Restriction End Date: |
|---|---|---|
| | | |

| Name of Practice: | Address: |
|---|---|
| Physician's Signature: | Date: |

DPS FORM #16 – Limited Duty - 070523