

4) The employee is capable of:

Sedentary Physical Activities: Lifting less than 5kg mainly seated but occasionally standing or walking about.

Light Physical Activities: Lifting 5-10kg maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools up to 5kg.

Medium Physical Activities: Lifting 15-25kg maximum with frequent lifting and carrying of objects weighing up to 12kg.

Heavy Physical Activities: Lifting 44kg maximum with frequent lifting and/or carrying of objects weighing up to 22kg.

5) The employee may use hand(s) for repetitive:

Single Grasping Pushing and Pulling Keyboarding Writing

6) What type of worksite modification might help in expediting his/her return?

Temporarily _____ for how long?

Permanently

7) In cases of stress, please outline in detail the work site stressors and suggested modification required. Include any environmental or irritant conditions that may need to be addressed. (Please use a separate sheet if additional space is required.)

8) Recommendations/Comments (Please use a separate sheet if additional space is required.)

9) I saw this employee on _____ He/She will be re-evaluated on _____
MM/DD/YYYY MM/DD/YYYY

Print Name _____

Phone _____

Physician's Signature _____

Date (MM/DD/YYYY) _____