

Sample Occupational Fitness Assessment

This form should be taken by the injured worker when he or she visits the doctor. The worker needs to fill out and sign the first part so that the doctor knows he or she has the worker's permission to release important medical information to you. The doctor should fill out the rest of the form and sign it.

I _____ (print name) hereby authorize the release to _____
(insert company name) of all medical information relating to the restrictions that affect my ability to fulfill my regular job duties.

Employee Signature: _____ Dated: _____

1) Can this employee return to their full duties?

- ☐ Yes Days/week _____ Starting date _____
Hours/day _____
- ☐ No Please complete Section 2-9

2) Can this employee return to work if identified limitations are accommodated?

- ☐ Yes Days/week _____ Starting date _____
Hours/day _____ End date _____
- ☐ No

3) Please indicate which activities he/she will not be able to perform or has limitations.

- | | |
|---|---|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Twisting | <input type="checkbox"/> Reaching |
| <input type="checkbox"/> Squatting/Kneeling | <input type="checkbox"/> Lifting/Carrying |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Other (please explain) |

In an 8 hour day, the employee may:

- | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---------|
| a) Stand: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 hours |
| b) Walk: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 hours |
| c) Sit: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 hours |
| d) Drive: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 hours |

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 dockets, 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) _____