

Over 100 lb.				
	Continuously 67% or more of the time	Frequently 34–66% of the time	Occasionally Up to 33% of the time	Not at all
Bending				
Squatting				
Kneeling				
Twisting				
Reaching				
Overhead				
Shoulder level				
Below waist				
Hand function				
Simple grasping			Pushing or pulling	
Left: Yes No	Right: Yes No	Left: Yes No	Right: Yes No	
Fine work			Low-speed assembly	
Left: Yes No	Right: Yes No	Left: Yes No	Right: Yes No	
High-speed assembly			Unlimited	
Left: Yes No	Right: Yes No	Left: Yes No	Right: Yes No	
Environmental restrictions:				
<input type="checkbox"/> Dust	<input type="checkbox"/> Heat	<input type="checkbox"/> Cold	<input type="checkbox"/> Damp or wet	<input type="checkbox"/> Fumes <input type="checkbox"/> Height
Describe other functional limitations:				
Can this patient engage in training within the functional limitation you have indicated? Yes No				
In one day, this patient may work: 4 hr. 4–6 hr. 6–8 hr. 8–10 hr. 10+ hr.				
Signature				
All information must be treated as confidential. The examinee has the legal right to see this report when the examinee requests it.				
Type or print the name of the examining physician, physician assistant, or advanced practice nurse:				
Street address:		City:	State:	ZIP code:
Examiner's signature: X		Telephone number: ()	Date:	