Radford University PHYSICAL CAPABILITIES FORM

Employee Name:		Last	First Middle Initial		Date:						
Treatment Plan:											
Medication Concerns:											
Based	on your evaluati Full Duty (omit 1 Transitional Duty No Work (bedrid	through 6 be (complete 1	elow)	orm (check appropri	ate box): Beginning: Beginning: Beginning:						
1.	In an 8 hour wor Sit Stand Walk	rkday, the en 2 2 2 2	mployee can: 4 4 4	6 8 6 8 6 8	restriction hours/day hours/day hours/day						
2.	2. Employee can lift/carry: No restriction on these tasks										
26-50			Carry Carry	Occa	asionally Carry	Frequently Lift Carry					
3. Employee can use hand for repetitive:											
Right Left Which	hand is dominant	Grasping] No] No ? Right 🔲	☐ Yes ☐ Yes Left ☐	Fine Man No No	ipulation Yes Yes Yes	Push/Pull ☐ No ☐ Yes ☐ No ☐ Yes					
4. Use of foot control: No restriction on this task											
Right Left		Neve	r	Occasio	nally	Frequently					
Reach Crouc Twist Work Reach Visual	/Kneel h/Squat/Stoop Shoulder Level Above Shoulder I Inspection (close)	No Evel [ever Occas	iction on these tasks sionally (Up to 33%)	Frequently (34% - 66	5%) Continuously (67%-100%)					
6. ACTIVITY RESTRICTIONS INVOLVING: Total Moderate Mild No Restriction											
Cold C Hot C Wet/H Noise Dust/F	Iumid ^F umes f Powered Equipm										

7. Can the employee operate a motor ve	hicle?	Yes	□ No	
	ES No ES No		Date: Date: Part Time: #hrs/day	
Physician:	Next Appointme	ent:		