



Functional Capacity Evaluation

Summary Report of WorkAbility

Subject Name		Claim#		Onset Date	Examiner		Exam Date
Employer (Most Recent)		SAW/RTW Goal		Employment Impact	Since (date)	Job Match Title	
Materials Handling Abilities		Worker	Job Match	Work Release Status Recommendation			
High lift strength (>52 inches)	_____ lbs.	_____ lbs.		<input type="checkbox"/> NO WORK RESTRICTIONS (Return to regular work tasks)			
Chest lift strength (30-52 in.)	_____ lbs.	_____ lbs.		<input type="checkbox"/> TEMPORARY RESTRICTIONS for work (as referenced)			
Carry strength (40 ft or less)	_____ lbs.	_____ lbs.		<input type="checkbox"/> PERMANENT RESTRICTIONS for work (as referenced)			
Knee lift strength (15-30 in.)	_____ lbs.	_____ lbs.		<input type="checkbox"/> DISABLED TOTALLY from all employment or work at home.			
Low lift strength (<15 inches)	_____ lbs.	_____ lbs.		Effective start date for this work release status: _____			
Push strength	_____ lbs.	_____ lbs.		Estimate end date if work release is temporary: _____			
Pull strength	_____ lbs.	_____ lbs.		<i>For more specifics, please refer to Further Explanation, Materials Handling, Work Tolerances, and Physical Aptitudes. Worker restrictions apply to employment, home and leisure tasks. If restrictions cannot be met, then worker should remain off work.</i>			
Frequent lift/carry (13-30/hr.)	_____ lbs.	_____ lbs.					
Constant lift/carry (>30x/hr.)	_____ lbs.	_____ lbs.					
Work Tolerances		Worker	Job Match	Functional Progress/Follow-up Plan			
Sit or stand work option	_____	_____		Functional Progress:			
Standing only	_____	_____		Follow-up Plan:			
Sitting only	_____	_____		Further Explanation (WorkAbilities/Progress)			
Operating foot controls	_____	_____					
One-handed work option	_____	_____					
High reaching above shoulder	_____	_____					
Head turning > 45°	_____	_____					
Forward bending/stooping	_____	_____					
Low work (e.g. kneel/crouch)	_____	_____					
Never=0% of time, Occasional=1-33% or <=12x/hour), Frequent=34-66% or 13-30x/hour, Constant=67-100% or >30x/hour * Extra time=>8 hours during work shift)							
Physical Aptitudes		Worker	Job Match				
Ambulation agility	_____	_____					
Ambulation stamina	_____	_____					
Climbing	_____	_____					
Keyboarding speed	_____	_____					
Finger dexterity	_____	_____					
Manual dexterity	_____	_____					
Near vision acuity	_____	_____					
Far vision acuity	_____	_____					
Hearing sensitivity	_____	_____					
Examiner Certification				Type/Stamp Physician Name/Address		Phone	
This opinion is accurate and complete to a reasonable degree of occupational health or ergonomic probability.						Fax	
						Next Visit	
Reviewer:		Date:		Physician's Signature (if agree)		Date:	