

NAME _____ DATE _____ FILE# _____

10. The purpose of this evaluation is to determine your current physical capabilities and/or limitations. Evaluate yourself concerning the below stated activities on the following basis:

20. How long can you (assuming appropriate breaks):

Sit _____ hours at a time _____ maximum hours in an 8-hour day
Stand for _____ hours at a time _____ maximum hours in an 8-hour day
Walk for _____ hours at a time _____ maximum hours in an 8-hour day

30. Can you:

Alternately **Sit – Stand** for 8 hours at a time Yes No
 Alternately **Sit – Walk** for 8 hours at a time Yes No
 Alternately **Stand – Walk** for 8 hours at a time Yes No

40. How much can you:

Lift _____ lbs. occasionally _____ lbs. frequently _____ lbs. constantly
Carry _____ lbs. occasionally _____ lbs. frequently _____ lbs. constantly
Push - Pull _____ lbs. occasionally _____ lbs. frequently _____ lbs. constantly

50. Can you use your **Hands** for repetitive action such as:

Simple Grasping: Right: Yes No **Fine Manipulation:** Right: Yes No
 Left: Yes No Left: Yes No
 Both: Yes No Both: Yes No

60. Can you use your **Feet** to operate foot controls:

Right: Yes No; Left: Yes No; Both: Yes No

70. How often in an 8-hour day can you:

	Never	(1-33%) Occasionally*	(34-66%) Frequently*	(67-100%) Constantly*
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Occasionally** is defined as 1 – 100 repetitions per week performing the activity no more often than every 20 minutes.

***Frequently** is defined as 100 – 500 repetitions per week performing the activity not more than every 5 minutes.

***Constantly** is defined as more than 500 repetitions of the activity per week.

80. Which Work Classification matches your employment?

- Sedentary:** Lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as ledgers, small tools.
- Light:** Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
- Medium:** Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.
- Medium Heavy:** Lifting 80 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 40 lbs.
- Heavy:** Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.
- Very Heavy:** Lifting objects over 100 lbs. with frequent lifting and/or carrying of objects weighing up to 50 lbs. or more.

90/100. List all the medications you are currently taking: None
