



## Physician Statement of Physical Capabilities

Return completed form to:  
BrickStreet Insurance  
P.O. Box 3151  
Charleston, WV 25332-3151

Claimant Name	Claim Number	Date of Injury
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Please complete this form after your examination of the patient. Indicate the patient's restrictions, if any, including modified hours, duties, environmental factors and any other information pertinent to this employee's healthy recovery and possible early return to work.

Medical Diagnosis				
Work Postures (Work is performed in which postures? Please indicate frequency.)				
Standing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Sitting	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Walking	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Climbing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Kneeling	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Pushing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
Pulling	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Never
	(6 – 8 hours a day)	(2 – 6 hours a day)	(0 – 2 hours a day)	

Please indicate the extent to which the employee can perform the following:  
(N = Never, O = Occasionally, F = Frequently, C = Continuously)

Lifting / Carrying	N	O	F	C	Activity	N	O	F	C
10 lbs. or less					Bend				
11 – 20 lbs.					Squat				
21 – 40 lbs.					Kneel				
41 – 60 lbs.					Twist / Turn				
61 – 100 lbs.					Climb				
<b>Pushing / Pulling</b>					Crawl				
13 – 25 lbs.					Reach Above Shoulder				
26 – 40 lbs.					Type / Keyboard				
41 – 60 lbs.					<b>Driving</b>				
61 – 100 lbs.					Automatic				
100+ lbs.					Standard				
<b>Upper Extremities</b>	<b>Yes</b>		<b>No</b>		<b>Operate foot controls or motor vehicles</b>	<b>Yes</b>		<b>No</b>	
Simple Grasping	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	Simultaneous	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
Pushing / Pulling	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Comments									

Physician Name		Physician Telephone	
Date released with above restrictions		Date released for full-duty work	
Physician Signature		Date	