MOHAWK SELF INSURANCE

|1 Functional Abilities

At **MSI** we believe that our employees are our greatest resource. An important aspect of our Early and Safe Return to Work Program is returning an employee who is off on medical leave to work as soon as medically able after the date of work cessation. Please provide the following information so we can best determine the functional abilities and the physical limitations of the employee and, if necessary, place the employee in a suitable temporary modified job.

Name of Employee: DOB:

Employee Phone number: Date of injury/illness:

Occupation: Type of injury/illness:

Functional Abilities Form (To be completed by Health Care Provider)

Worker is able to lift: Please check the exact degree of work you feel this worker is capable of performing.

	No Lifting at all	
	Sedentary Work	Lifting 10 lbs maximum with frequent lifting and/or carrying small articles and occasional walking and standing
	Light Work	Lifting 20 lbs maximum with frequent lifting and /or carrying objects weighing up to 10 lbs. It involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls.
	Medium Work	Lifting 5o lbs maximum with frequent lifting and /or carrying of objects up to 25 lbs
	Heavy Work	Lifting 70 lbs maximum with frequent lifting and/or carrying of objects no more than 50 lbs

In an eight to ten hour day, patient is able to perform at the following level:
Occasionally=<33% per day Frequent +33% per day Constant = >66% per day

Stand		Not at all		Occasionally		Frequently		Constantly
Walk		Not at all		Occasionally		Frequently		Constantly
Sit		Not at all		Occasionally		Frequently		Constantly
Drive		Not at all		Occasionally		Frequently		Constantly
Bend		Not at all		Occasionally		Frequently		Constantly
Squat		Not at all		Occasionally		Frequently		Constantly
Climb		Not at all		Occasionally		Frequently		Constantly
Push/Pull		Not at all		Occasionally		Frequently		Constantly
Grasp		Not at all		Occasionally		Frequently		Constantly
Manipulate		Not at all		Occasionally		Frequently		Constantly

Worker can be exposed to:

Unprotected heights_________Not at all______Occasionally _______Frequently_______Constantly

Uneven surfaces ______Not at all _____Occasionally _______Frequently ________Constantly

Changes in temperature______Not at all _____Occasionally_______Frequently ________Constantly

Recommendations for hours worked: ______ Full-time hours ______Modified hours _______Graduated hours

Can resume **modified** work duties on: _______/________/________
Day Month Year

Can resume **full regular work** duties on _____ /________/________
Day Month Year

Comments: ____

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Physician/Health Care Provider Name ____

Phone number:____

Address:____

____

Physician/Health Care Provider Signature: ____

Date:__________/________/________________
Day Month Year