

# Broome County Office of Risk Management

Barbara J. Fiala, Broome County Executive • Robert E. Murphy, Risk Manager



Broome County Office Building • 44 Hawley Street • P.O. Box 1766 • Binghamton, New York 13902  
(607) 778-2402 • Fax (607) 778-6117 • Website: www.gobroomecounty.com

## Work Description/ Medical Restriction/ Capabilities Form

The following restrictions & limitations apply to all physical activity and are not limited to the workplace

Patient Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Employer Contact \_\_\_\_\_

The above individual was evaluated on this date with the following medical recommendation:

☐ No medical restrictions ☐ Specific restrictions detailed below

☐ Off work until recheck by: ☐ Restrictions unchanged from last visit

☐ Regular physician ☐ Referral physician

| Restrictions:   | Level of work individual can perform:   | Length of time |
|---|---|----------------|
| <input type="checkbox"/> Splints/Sling at work until <input type="checkbox"/> next visit <input type="checkbox"/> other   | <input type="checkbox"/> Sedentary  |                |
| <input type="checkbox"/> No work requiring use of <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> hand <input type="checkbox"/> leg                         | Infrequently lift 10 lbs or less  | _____          |
| <input type="checkbox"/> No work requiring use of arm above shoulder level  | No walking/carrying   | _____          |
| <input type="checkbox"/> No work on or near dangerous machinery or on powered moving equipment  | <input type="checkbox"/> Sedentary-Light  |                |
| <input type="checkbox"/> Restricted to <input type="checkbox"/> ground level work <input type="checkbox"/> may ascend stairs  | Infrequently lift 15 lbs or less  | _____          |
| <input type="checkbox"/> No climbing of ladders or working on unprotected elevations  | Frequently lift 10 lbs or less  | _____          |
| <input type="checkbox"/> No exposure to: <input type="checkbox"/> humidity <input type="checkbox"/> respiratory irritants   | Self paced walking/no carrying  | _____          |
| <input type="checkbox"/> temperatures above/below average <input type="checkbox"/> degrees  | <input type="checkbox"/> Light  |                |
| <input type="checkbox"/> Must keep wound/dressing clean and dry for <input type="checkbox"/> days   | Infrequently lift 15-20 lbs   | _____          |
| Capabilities:   | Frequently lift 10 lbs or less  | _____          |
| The individual can work up to <input type="checkbox"/> hours per day and  | Slow walking/carrying 10 lbs or less  | _____          |
| Could be expected to:   | <input type="checkbox"/> Light-Medium   |                |
| Sit   | Infrequently lift 21-25 lbs   | _____          |
| Sit w/extremity elev  | Frequently lift 11-20 lbs   | _____          |
| Stand   | Slow walking/carrying 11-20 lbs   | _____          |
| Walk  | <input type="checkbox"/> Medium   |                |
| Alternate sit/stand   | Infrequently lift 36-50 lbs   | _____          |
| Drive   | Frequently lift 21-25 lbs   | _____          |
| Bend  | Moderate speed walking/carrying 21-25 lbs   | _____          |
| Climb   | <input type="checkbox"/> Medium-heavy   |                |
| Push/Pull   | Infrequently lift 51-75 lbs   | _____          |
| Kneel   | Frequently lift 26-35 lbs   | _____          |
| Squat   | Moderate speed walking  | _____          |
| Twist   | <input type="checkbox"/> Heavy  |                |
| Reach   | Infrequently lift 76-100 lbs  | _____          |
| <input type="checkbox"/> Restricted neck flexion/range of motion  | Frequently lift 35-50 lbs   | _____          |
| <input type="checkbox"/> Individual can use hands for (circle YES or NO):   | Moderate Speed Walking/Carrying 35-50lbs  | _____          |
| Simple Firm Fine  | <input type="checkbox"/> Very Heavy   |                |
| Grasping Grasping Manipulation  | Infrequently lift more than 100 lbs   | _____          |
| Right YES NO YES NO YES NO  | Frequently lift 51-100 lbs  | _____          |
| Left YES NO YES NO YES NO   | Moderate speed walking/carrying 50+   | _____          |
| <input type="checkbox"/> Individual can use feet for repetitive movements for operating foot controls: <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both | <input type="checkbox"/> Restrictions remain in effect until <input type="checkbox"/> next visit <input type="checkbox"/> other   |                |
|   | <input type="checkbox"/> Date may return to work with above restrictions:   |                |
|   | <input type="checkbox"/> today <input type="checkbox"/> next scheduled work day <input type="checkbox"/> other <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> |                |
|   | <input type="checkbox"/> May return to usual duties & hours: <input type="checkbox"/> today <input type="checkbox"/> other  |                |
|   | Next scheduled appointment: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>  |                |
|   | <b>Physician's Signature:</b>   |                |