Erie Insurance®

PHYSICAL CAPABILITY ASSESSMENT

CLAIMANT	CLAIM NUMBER

1. IN AN 8 HOUR DAY THE PATIENT MAY:	NEVER	OCCASIONALLY (1-3 HOURS)	FREQUENTLY (3-5 HOURS)	CONTINUOUSLY (5-8 HOURS)
A. LIFT —				
Sedentary — Up to 10 lbs. maximum	☐	☐	☐	☐
Light — Up to 20 lbs. maximum	☐	☐	☐	☐
Medium — Up to 50 lbs. maximum	☐	☐	☐	☐
Heavy — Up to 100 lbs. maximum	☐	☐	☐	☐
Very Heavy — In excess of 100 lbs.	☐	☐	☐	☐
B. CARRY —				
Sedentary — Up to 10 lbs. maximum	☐	☐	☐	☐
Light — Up to 20 lbs. maximum	☐	☐	☐	☐
Medium — Up to 50 lbs. maximum	☐	☐	☐	☐
Heavy — Up to 100 lbs. maximum	☐	☐	☐	☐
Very Heavy — In excess of 100 lbs.	☐	☐	☐	☐
2. A. SIT	☐	☐	☐	☐
B. STAND	☐	☐	☐	☐
C. WALK	☐	☐	☐	☐
D. BEND	☐	☐	☐	☐
E. PUSH	☐	☐	☐	☐
F. PULL	☐	☐	☐	☐
G. TWIST	☐	☐	☐	☐
H. CLIMB	☐	☐	☐	☐
I. BALANCE	☐	☐	☐	☐
J. STOOP	☐	☐	☐	☐
K. KNEEL	☐	☐	☐	☐
L. CROUCH	☐	☐	☐	☐
M. CRAWL	☐	☐	☐	☐
N. REACH	☐	☐	☐	☐

3. PATIENT CAN USE HANDS FOR SUCH REPETITIVE ACTION AS: (Check the appropriate response)

	SIMPLE GRASPING		FINE MANIPULATION		PUSH/PULL	
RIGHT	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
LEFT	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

4. PATIENT CAN PERFORM THE FOLLOWING ACTIVITIES:

	Yes	No
OPERATE A MOTOR VEHICLE	☐	☐
USE FEET TO OPERATE FOOT CONTROLS — RIGHT	☐	☐
LEFT	☐	☐
WORK AROUND MOVING MACHINERY	☐	☐
TOLERATE COLD/HOT EXTREMES	☐	☐
TOLERATE MARKED CHANGES IN TEMPERATURE AND/OR HUMIDITY	☐	☐
TOLERATE EXPOSURE TO DUST/FUMES/GASES	☐	☐

5. HAS PATIENT REACHED MAXIMUM MEDICAL IMPROVEMENT?

☐ Yes ☐ No

6. WORK HOUR RESTRICTIONS:

☐ FULL TIME

☐ PART TIME

_____ HOURS/DAY

_____ DAYS/WEEK

7. DATE PATIENT WILL BE ABLE TO PERFORM ABOVE WORK CAPABILITIES

8. COMMENTS _____

EXAMINER'S NAME	EXAMINER'S SIGNATURE	DATE