

IDAHO STATE UNIVERSITY
Physical Assessment Form

I. EMPLOYEE STATUS

The focus of Idaho State University's Return-to-Work Program is safely returning an employee to work as soon as possible following an injury or onset of illness. Please provide the following information so that we can best determine a suitable temporary or light duty work assignment for this employee.

EMPLOYEE NAME: _____ Date of Injury/Illness: _____

Date of initial visit: _____ Date of next visit: _____

II. RETURN TO WORK STATUS

- May return to regular duties without restrictions (date): _____
- May return to regular duties with restrictions/modifications (date): _____
- May not return to work until (estimated date): _____

Capabilities	No limit	freq ok	occ ok	not ok
Bend				
Squat				
Crawl				
Twist				
Reach above shoulders				
Walk ramps-give maximum incline				
Use stairs/steps, step-stools				
Walk on rough/uneven				
Use ladders				
Other				

Lifting	No limit	freq ok	occ ok	not ok
0-10 lbs				
11-20 lbs				
21-40 lbs				
41-60 lbs				
Over 60 lbs				
Use arms/repeated				

pushing/pulling				
Use arms/repeated grasping/lifting/carrying				
Use hands/repeated fine manipulations				
Carry-give maximum limits OK				

MEDICATION

Has medication been prescribed related to the injury or illness for use during work hours that would affect alertness or ability to respond in an emergency? List all medications prescribed:

ENDURANCE

Circle the number of continuous hours the employee may engage in each of the following activities:

Sit	1	2	3	4	5	6	7	8	9	10
Stand	1	2	3	4	5	6	7	8	9	10
Walk	1	2	3	4	5	6	7	8	9	10

OTHER RESTRICTIONS:

ESTIMATED DURATION OF RESTRICTION:

IV. PROGNOSIS (Comments)

V. PERMANENT RESTRICTIONS:

SIGNATURE: _____

DATE:

ADDRESS: _____

PHONE:

HEALTHCARE PROVIDER: