

7. Physical Limitations: Please put a ✓ in the appropriate column for each physical activity.

PHYSICAL LIMITATIONS	FULL RESTRICTIONS	PARTIAL RESTRICTIONS	NO RESTRICTIONS
Sedentary - Lifting 0 to 10 pounds			
Light- Lifting 10 to 20 pounds			
Moderate - Lifting 20 to 50 pounds			
Heavy - Lifting 50 to 100 pounds			
Pulling/Pushing, Carrying			
Reaching or working above shoulder			
Handling/Fingering (hours)			
Walking (hours)			
Sitting (hours)			
Stooping (hours)			
Kneeling (hours)			
Repeated Bending (hours)			
Climbing (hours)			
Operating a motor vehicle, crane, tractor, etc.			
Exposure Limitation (Specify)			
Other (Specify)			

Please indicate the specific partial restrictions for the physical limitations marked above:

Please sign below and return this form to the employee.

Signature of Treating Physician or Practitioner

Date

Print Name of Treating Physician or Practitioner

Ph #

Address

City State Zip

Thank you for your time.