

Functional Capacity Assessment Form

Purpose: This **Functional Capacity Assessment Form** sample is designed to evaluate an employee's physical abilities and limitations for workers' compensation claims. It helps medical professionals and employers determine the worker's capacity to perform job-related tasks safely. Using this form ensures accurate documentation and supports appropriate workplace accommodations.

Employee Information

Employee Name	
Employee ID	
Job Title	
Department	
Date of Assessment	
Assessor Name & Title	

Medical Information

Diagnosis	
Date of Injury	
Treatment Summary	

Functional Abilities

Task	Ability (Yes/No)	Maximum Tolerance (Time/Weight/etc.)	Notes
Sitting			
Standing			
Walking			
Lifting (specify weight)			
Carrying (specify weight)			
Pushing/Pulling			
Bending/Stooping			
Kneeling			
Reaching/Overhead Use			

Restrictions/Limitations

Restriction	Details/Duration

Recommendations

-
-

Assessor Signature

Name	
Signature	
Date	