

Functional Capacity Assessment Form

This **functional capacity assessment form** sample is designed for occupational health professionals to evaluate an employee's physical and cognitive abilities. It helps determine the worker's capability to perform job-related tasks safely and effectively. Utilizing this form facilitates accurate documentation and informed workplace accommodations.

Employee Information

Name	<input type="text"/>	Employee ID	<input type="text"/>
Job Title	<input type="text"/>	Department	<input type="text"/>
Date of Assessment	<input type="text"/>	Assessor Name	<input type="text"/>

Physical Capacity

Capability	Assessment	Comments
Lifting (max weight)	<input type="text" value="Select..."/>	<input type="text"/>
Standing	<input type="text" value="Select..."/>	<input type="text"/>
Walking	<input type="text" value="Select..."/>	<input type="text"/>
Climbing Stairs	<input type="text" value="Select..."/>	<input type="text"/>
Use of Hands	<input type="text" value="Select..."/>	<input type="text"/>

Cognitive and Psychosocial Capacity

Capability	Assessment	Comments
Attention/Concentration	<input type="text" value="Select..."/>	<input type="text"/>
Memory	<input type="text" value="Select..."/>	<input type="text"/>
Judgement/Decision-making	<input type="text" value="Select..."/>	<input type="text"/>

Workplace Accommodations

List any recommended workplace accommodations

Restrictions / Limitations

Describe any work restrictions or limitations

Assessor's Summary & Recommendations

Provide overall functional abilities, needs for further assessment, or recommendations

Assessor Signature: _____ **Date:** _____