

Functional Capacity Assessment Form Sample for Disability Claims

A **functional capacity assessment form** sample is essential for evaluating an individual's ability to perform work-related activities amid disability claims. This form documents physical and cognitive capabilities, aiding healthcare providers and insurers in determining claim validity. Utilizing an accurate assessment ensures fair and comprehensive disability evaluations.

Functional Capacity Assessment Form

Personal Information

Full Name:

Date of Birth:

Claim Number:

Assessment Date:

Physical Capacity Assessment

Mobility:

☐ Able to walk

☐ Able to stand

☐ Able to sit

☐ Able to lift/carry

☐ Able to reach

Comments:

Cognitive Capacity Assessment

Memory:

Select

Attention/Concentration:

Select

Comments:

Summary and Recommendations

Assessment Summary:

Functional Limitations/Restrictions:

Assessor Information

Assessor Name:

Title/Profession:

Assessor Signature:

Date:

Submit Assessment