

Functional Capacity Assessment Form

For Return to Work

The **functional capacity assessment form** sample is designed to evaluate an individual's physical abilities and limitations related to their job requirements. This assessment helps determine the readiness for a safe and effective return to work. It ensures appropriate accommodations are made to support employee health and productivity.

Employee Information

Name:	Employee ID:
Job Title:	Department:
Supervisor:	Date of Assessment:

Medical Information

Assessing Clinician:	Title/Position:
Reason for Assessment:	
Relevant Diagnosis or Condition:	

Physical Capacity Evaluation

Physical Activity	Capable (✓)/Incapable (✗)	Limitation/Comments
Sitting		
Standing		
Walking		
Lifting (specify weight)		
Carrying (specify weight)		
Pushing/Pulling		
Reaching		
Bending/Twisting		
Other (specify)		

Workplace Restrictions or Recommendations

Estimated Timeline for Full Return to Duties

Clinician's Signature:	Date:
Employee's Signature:	Date: