

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 (âœ”/âœ–)	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:	