



## Travis County Work Capacity/Fitness for Duty Form

Employee

|                |            |
|----------------|------------|
| Employee Name: | Job Title: |
| Department:    | Division:  |

**Dear Health Care Provider:** Please evaluate the physical and/or the cognitive and mental abilities of our employee to perform specific tasks/job functions as outlined in the Job Description provided. In an 8-hour workday, please indicate what capacity the employee will have as well as if there are no specific restrictions for each particular task/function. Please check the most appropriate column.

| <b>Essential Job Functions:</b><br>(See attached job description) | <b>Full<br/>Capacity</b> | <b>Repetitive<br/>(6-8 hours)<br/>Capacity</b> | <b>Frequently<br/>(3-6 hours)<br/>Capacity</b> | <b>Occasionally<br/>(1-3 hours)<br/>Capacity</b> |
|-------------------------------------------------------------------|--------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| 1.                                                                |                          |                                                |                                                |                                                  |
| 2.                                                                |                          |                                                |                                                |                                                  |
| 3.                                                                |                          |                                                |                                                |                                                  |
| 4.                                                                |                          |                                                |                                                |                                                  |
| 5.                                                                |                          |                                                |                                                |                                                  |
| 6.                                                                |                          |                                                |                                                |                                                  |
| 7.                                                                |                          |                                                |                                                |                                                  |
| 8.                                                                |                          |                                                |                                                |                                                  |
| 9.                                                                |                          |                                                |                                                |                                                  |
| 10.                                                               |                          |                                                |                                                |                                                  |
| Driving:                                                          |                          |                                                |                                                |                                                  |
| • Car                                                             |                          |                                                |                                                |                                                  |
| • Small Truck/Van                                                 |                          |                                                |                                                |                                                  |
| • Large Truck                                                     |                          |                                                |                                                |                                                  |
| • Automatic Transmission                                          |                          |                                                |                                                |                                                  |
| • Standard Transmission                                           |                          |                                                |                                                |                                                  |
| • Heavy Equipment                                                 |                          |                                                |                                                |                                                  |
| • Public Transportation                                           |                          |                                                |                                                |                                                  |
| Bend                                                              |                          |                                                |                                                |                                                  |
| Climb                                                             |                          |                                                |                                                |                                                  |
| Crawl                                                             |                          |                                                |                                                |                                                  |
| Reach                                                             |                          |                                                |                                                |                                                  |
| Sit                                                               |                          |                                                |                                                |                                                  |
| Squat                                                             |                          |                                                |                                                |                                                  |
| Stand                                                             |                          |                                                |                                                |                                                  |
| Twist                                                             |                          |                                                |                                                |                                                  |
| Walk                                                              |                          |                                                |                                                |                                                  |

# Travis County Work Capacity/Fitness for Duty Form

Employee

Is the ability to understand, remember, and carry out instructions affected? Please check the appropriate column. Check the most appropriate column to indicate the cognitive ability of the employee to perform job functions:

| <b>Cognitive Ability</b>                 | <b>Full Capacity</b> | <b>Repetitive<br/>(6-8 hours)</b> | <b>Frequent<br/>(3-6 hours)</b> | <b>Occasionally<br/>(1-3 hours)</b> |
|------------------------------------------|----------------------|-----------------------------------|---------------------------------|-------------------------------------|
| Routine Actions                          |                      |                                   |                                 |                                     |
| Memory/Retention                         |                      |                                   |                                 |                                     |
| Problem Solving                          |                      |                                   |                                 |                                     |
| Carry out routine instructions           |                      |                                   |                                 |                                     |
| Carry out complex instructions           |                      |                                   |                                 |                                     |
| Make judgments on work-related decisions |                      |                                   |                                 |                                     |
| Safety Sensitive Duties                  |                      |                                   |                                 |                                     |

Are there any mental health concerns? Check the appropriate column to indicate the mental health status of the employee and ability to be on the job:

| <b>Mental Health Status</b>       | <b>Not a concern</b> | <b>Potential concern</b> | <b>Likely concern</b> |
|-----------------------------------|----------------------|--------------------------|-----------------------|
| Potential to harm self            |                      |                          |                       |
| Potential to harm self and others |                      |                          |                       |
| Potential to harm others          |                      |                          |                       |
| Other                             |                      |                          |                       |

If you answered anything other than "Not a Concern" please provide additional information regarding your opinion:

---



---



---

If the employee has any cognitive or mental health limitations, would any accommodation assist the employee in performing the essential functions of their job? If so please describe:

---



---



---

Check the most appropriate column to indicate the capacity the employee will be able to lift or carry:

| <b>Weight</b> | <b>Full Capacity</b> |       | <b>Repetitive<br/>(6-8 hours)</b> |       | <b>Frequently<br/>(3-6 hours)</b> |       | <b>Occasionally<br/>(1-3 hours)</b> |       |
|---------------|----------------------|-------|-----------------------------------|-------|-----------------------------------|-------|-------------------------------------|-------|
|               | Lift                 | Carry | Lift                              | Carry | Lift                              | Carry | Lift                                | Carry |
| 0-10 lbs.     |                      |       |                                   |       |                                   |       |                                     |       |
| 11-25 lbs.    |                      |       |                                   |       |                                   |       |                                     |       |
| 26-50 lbs.    |                      |       |                                   |       |                                   |       |                                     |       |
| 51-100 lbs.   |                      |       |                                   |       |                                   |       |                                     |       |
| 100+ lbs.     |                      |       |                                   |       |                                   |       |                                     |       |

Check the most appropriate column to indicate the capacity to which the employee can use hands for repetitive movements.

|       | <b>Simple Grasping<br/>Restriction</b> |    | <b>Fine Manipulation<br/>Restriction</b> |    | <b>Pushing &amp; Pulling<br/>Restriction</b> |    |
|-------|----------------------------------------|----|------------------------------------------|----|----------------------------------------------|----|
|       | Yes                                    | No | Yes                                      | No | Yes                                          | No |
| Right |                                        |    |                                          |    |                                              |    |
| Left  |                                        |    |                                          |    |                                              |    |

# Travis County Work Capacity/Fitness for Duty Form

Employee

Check the most appropriate column to indicate the capacity to which the employee can use feet for repetitive movements such as foot controls.

| Right Foot Restriction | Left Foot Restriction |
|------------------------|-----------------------|
| Yes                    | Yes                   |
| No                     | No                    |

As defined by the U.S. Department of Labor, the above job would be classified (check as appropriate):

|           |           |                                                                                                                                                          |
|-----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Time | Part Time | <b>Very Heavy Work:</b> Lifting objects over 100 lbs. and frequent lifting/carrying of 50 lbs. or more, frequent standing/walking.                       |
| Full Time | Part Time | <b>Heavy Work:</b> Maximum lifting 100 lbs. with frequent lifting/carrying of up to 50 lbs., frequent standing/walking.                                  |
| Full Time | Part Time | <b>Medium Work:</b> Maximum lifting 50 lbs. with frequent lifting/carrying of up to 25 lbs., frequent standing/walking.                                  |
| Full Time | Part Time | <b>Light Work:</b> Maximum lifting 20 lbs. with frequent lifting/carrying of 10 lbs., with most jobs involving sitting with a degree of pushing/pulling. |
| Full Time | Part Time | <b>Sedentary Work:</b> Maximum lifting and/or carrying 10 lbs., walking/standing occasionally.                                                           |
| No Work   |           |                                                                                                                                                          |

Additional Employer's Comments (optional): \_\_\_\_\_

Additional Physician's Comments (optional): \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Type of Practice: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_