

ATTACHMENT 20



Estimated Physical Capabilities Form RFP Entitled: "Dispute Resolution Program"

NOTE: Important Information on Reverse

Name of Physician: _____ Name of Employee: _____

INSTRUCTIONS: Please complete this form based on your estimation of the employee's current physical capabilities, **ONLY** if he/she is to be 1-50% or less disabled and will be ready to return to **FULL** duty within sixty (60) days.

Is the employee estimated to be 0% disabled? Yes No If "Yes," please do not complete the remainder of this form.

1. Medical Diagnosis: _____

2. a. In an 8-hour workday, how many hours can this employee: (Please check appropriate boxes)

Sit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	Continuously <input type="checkbox"/>	with Rests <input type="checkbox"/>
Stand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	Continuously <input type="checkbox"/>	with Rests <input type="checkbox"/>
Walk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	Continuously <input type="checkbox"/>	with Rests <input type="checkbox"/>

b. Can this employee sit, stand and/or walk in combination for an 8-hour workday? Yes No

c. Can this employee work beyond a scheduled 8-hour workday? Yes No Limited to _____ # of hours

3. Other Capabilities: (Please check appropriate boxes.) Degree of Disability _____%

Lift	Never (0%)	Occasionally (0-33%)	Frequently (34-66%)	Continuously (67-100%)	Upper Extremities:			
0 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which hand is dominant? Right <input type="checkbox"/> Left <input type="checkbox"/>			
11 - 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can this employee perform repetitive action such as:			
21 - 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Simple Grasping	Pushing Pulling	Fine Manipulation
51 - 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Carry					Left	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
0 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower Extremities:			
11 - 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of feet/legs for repetitive movement as in operation of foot controls and motor vehicles.			
21 - 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Right Extremity	Left Extremity	Simultaneous
51 - 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Operate a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Work Environment Restrictions

Can this employee:

Be exposed to marked changes in temperature and humidity? Yes No

Be exposed to unprotected heights? Yes No

Be exposed to fumes and gases? Yes No

Be around moving machinery? Yes No

5. Other Restrictions:

Can this employee restrain combative patients/clients? Yes No

Does this employee have any visual or hearing impairment requiring accommodation? Yes No

If "yes," please explain: _____

6. Based on your examination(s) of this employee, are there any known problems of a general nature, including any medications prescribed for the diagnosis listed, that would interfere with this employee returning to work? Yes No

If "yes," please explain: _____

7. When will this employee be physically ready to return to alternate duty? Date _____

When will this employee be physically ready to return to **FULL** duty? Date _____

Physician's Signature _____ Telephone Number _____ Date _____

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LIMITED / ALTERNATE DUTY PROGRAM

New York State and Council 82 negotiated a Limited Duty Program for Security Services and Security Supervisors Unit employees. New York State and CSEA and PEF negotiated an Alternate Duty Program for CSEA and PS&T Unit employees. These programs are part of the employer-provided benefits associated with workers' compensation disabilities.

These programs allow employees who have been disabled temporarily due to occupational accidents to return to work prior to full recovery and work in assignments that meet both the needs of the agency and the medical limitations of the employees.

Employees benefit from these programs by returning to work and becoming productive more quickly, thus enhancing the recuperation process. Agencies benefit from these programs because they have the services of employees who would otherwise be unable to return to work.

Under the C-82 Limited Duty program, when an employee's level of disability is classified at 50% or less (mildly or moderately disabled), the employee is qualified for a limited duty assignment of up to 45 calendar days.

Under the CSEA and PEF Alternate Duty programs, when an employee's level of disability is classified at 50% or less (mildly or moderately disabled), and the employee is within 60 days of recovery, the employee is qualified for an alternate duty assignment. The agency will use the information provided on this form by the evaluating physician to design a limited or alternate duty assignment that is consistent with the employee's limitations and capabilities.

Limited/alternate duty assignments may be extended on a discretionary basis until the employee has fully recovered and returns to his/her regular assignment.

During the period of limited or alternate duty, the employees will be expected to provide periodic medical documentation from the attending physician to verify that the employee's medical condition and the assignment remain consistent and to confirm full recovery prior to return to the regular job assignment.

Questions concerning the information on this form should be directed to the evaluating physician at the telephone number listed. Questions concerning the alternate duty assignment should be directed to the employee's agency.