



Estimated Physical Capabilities Form
for New York State Police
RFP Entitled: "Dispute Resolution Program"

Estimated Physical Capabilities Form-New York State Police-Sworn Members

Name of Physician:	Name of Employee:
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Note: Important Information on Reverse

1. INSTRUCTIONS: If the employee is found to be 50% or less disabled, please complete this form based on your estimation of his/her current physical capabilities.

2. Medical Diagnosis:

A. in an eight hour workday, how many hours can this employee: (please check appropriate boxes.)

Sit	<input type="checkbox"/> 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
Stand	<input type="checkbox"/> 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
Walk	<input type="checkbox"/> 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

B. in a given day, for how many total hours can this employee sit, stand, and/or walk in combination?
 4 6 8 10 12 14 16

3. Other Capabilities (Please check appropriate boxes.)

	Never	Occasionally	Frequently	Continuously
Lift				
00-10lbs				
11-20 lbs.				
21-50 lbs.				
51-100lbs				
Carry				
00-10 lbs.				
11-20 lbs.				
21-50 lbs.				
51-100 lbs.				
Bend				
Squat				
Crawl				
Climb				
Run				
Reach above Shoulder level				
Operate a Motor Vehicle				

Upper Extremities: Which hand is dominant? Right Left

Can this employee perform repetitive actions such as:

Simple Grasping	Pushing & Pulling	File Manipulation
Right: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Left: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Lower Extremities: Use of feet/legs for repetitive movement, as in operation of foot controls and motor vehicles.

Right Extremity	Left Extremity	Simultaneous
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Work Environment Restrictions:

Can this employee:

- Be exposed to marked change in temperature and humidity? Yes No
- Be exposed to unprotected heights? Yes No
- Be around machinery? Yes No

5. Other Restrictions:

- Can this employee effect arrests and restrain prisoners? Yes No
 - Does this employee have any visual or hearing impairment requiring accommodation? No Yes if "Yes"
- Please explain _____

Can this employee fire a Division sidearm with strong hand? Yes No

6. Based upon 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? No Yes, If "Yes", please indicate _____

7. When in your estimation, will this employee be ready to return to full duty? Date: _____

8. Comments: _____

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.