

Bastrop County Work Capacity Form

Full Release Only

Employee's Name: _____ Job Title: _____ Full Release date: _____

If employee is released to full duty with no restrictions, the remainder of this form does not need to be completed. Please indicate by signing this box.

PHYSICIAN'S SIGNATURE _____ TODAY'S DATE: _____

Restrictions/Light Duty Only

Employee's Name: _____ Job Title: _____

EXPECTED DATES OF WORK RESTRICTIONS:

Definition of Capacity: Ability of an employee to perform specified physical tasks. Positions work 8-12 hr shifts.
Employee is released to work _____ hrs a day, please mark restricted categories, & capacity of restricted category.

		RESTRICTED	REPETITIVE	REPETITIVE	FREQUENT	OCCASIONAL
			CAPACITY	CAPACITY	CAPACITY	CAPACITY
			(8-12 Hrs)	(6-8 Hrs)	(3-6 Hrs)	(1-3 Hrs)
Drive:	Small Car/Truck	()	()	()	()	()
	Large Truck/Bus	()	()	()	()	()
	Std. transmission	()	()	()	()	()
	Run	()	()	()	()	()
	Sit	()	()	()	()	()
	Stand	()	()	()	()	()
	Walk	()	()	()	()	()
	Bend	()	()	()	()	()
	Climb	()	()	()	()	()
	Crawl	()	()	()	()	()
	Squat	()	()	()	()	()
	Reach	()	()	()	()	()
	Twist	()	()	()	()	()
	Push/Pull	()	()	()	()	()

REPETITIVE MOVEMENT HAND:

Simple Grasping	R	L	()	()	()	()	()
Fine Manipulation	R	L	()	()	()	()	()
Pushing & Pulling	R	L	()	()	()	()	()

REPETITIVE MOVEMENT FOOT:

Foot Control	Left	Right	()	()	()	()	()
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PHYSICAL RESTRAINT: May be required to perform take down procedures on adult inmates/suspects. Would require ability to take control of another person.

May perform physical restraint May not perform physical restraint

IS EMPLOYEE TAKING ANY MEDICATION WHICH COULD IMPAIR ABILITY TO PERFORM REQUIRED JOB FUNCTIONS?
() YES () NO IF YES, PLEASE NOTE MEDICATION, DOSAGE FREQUENCY & DURATION OF PRESCRIPTION:

AS DEFINED BY U.S. DEPT OF LABOR, THE ABOVE JOB WOULD BE CLASSIFIED AS: (Please check appropriate)

- () Full Time VERY HEAVY WORK - Lifting objects over 100lbs., & frequent lifting/carrying of
- () Part Time 50 lbs. or more, frequent standing/walking.
- () Full Time HEAVY WORK - 100 lbs. maximum lifting with frequent lifting/carrying of up to
- () Part Time 50 lbs., frequent standing/walking.
- () Full Time MEDIUM WORK - 50 lbs. maximum lifting with frequent lifting/carrying of up to
- () Part Time 25 lbs., frequent standing/walking.
- () Full Time LIGHT WORK - 20 lbs. maximum lifting/carrying 10 lbs. articles frequently,
- () Part Time most jobs involving sitting with a degree of pushing/pulling.
- () Full Time SEDENTARY WORK - 10 lbs. maximum lifting and/or carrying articles,
- () Part Time walking/standing occasion.
- () NO WORK

PHYSICIAN'S SIGNATURE _____ TODAY'S DATE: _____