

VR FUNCTIONAL CAPACITY ASSESSMENT

In an 8-hour day, I can:

(Circle full capacity for each activity)

Sit	1	2	3	4	5	6	7	8	(hrs)
Stand	1	2	3	4	5	6	7	8	(hrs)
Walk	1	2	3	4	5	6	7	8	(hrs)

I am able to:

	<u>Not at all</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Bend	()	()	()	()
Squat	()	()	()	()
Crawl	()	()	()	()
Climb	()	()	()	()
Reach above – Shoulder level ()	()	()	()	()

I can carry:

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Up to 10 lbs.	()	()	()	()
11-20 lbs.	()	()	()	()
21-50 lbs.	()	()	()	()
51-100 lbs.	()	()	()	()

I can lift:

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Up to 10 lbs.	()	()	()	()
11-20 lbs.	()	()	()	()
21-50 lbs.	()	()	()	()
51-100 lbs.	()	()	()	()

I can use feet for repetitive movements as in operating foot controls: (Circle Y or N)

Right Foot: Y / N Left Foot: Y / N Both Feet: Y / N

I can use hands for repetitive action such as: (Circle Y or N)

	<u>Simple Grasping</u>	<u>Pushing & Pulling</u>	<u>Fine Manipulating</u>
<u>Right Hand:</u>	Y / N	Y / N	Y / N
<u>Left Hand:</u>	Y / N	Y / N	Y / N

I am Restricted in Activities involving:

Unprotected heights	Y / N	If yes, explain: _____
Being around moving machines	Y / N	If yes, explain: _____
Exposure to marked changes in temperature/humidity	Y / N	If yes, explain: _____
Driving automotive equipment	Y / N	If yes, explain: _____
Exposure to dust, fumes/gases	Y / N	If yes, explain: _____

Signature: _____
(Of person filling out the form)

Date: _____