## VR FUNCTIONAL CAPACITY ASSESSMENT

In an 8-hour day, I can:	((	Circle full capac	ity for ea	ach activ	vity)	
Sit 1 2		01		7	8	(hrs)
Stand 1 2	. 3	4 5	6	7	8	(hrs)
Walk 1 2	3	4 5	6	7	8	(hrs)
	£9					1
I am able to: Not at all	<u>Occa</u>	asionally Fred	quently	Contin	nuously	15 W 18
Bend ( )	(	) (	)	(	)	35
Squat ( )	(	) (	)	· (	) .	8
Crawl ( °)	(	) (	)	(	. )	/th
Climb ( )	. (	) (	)	(	)	
Reach above –						
Shoulder level ( )	(	) (	)	(	)	
20 Miles		889 W				Œ
I can carry: Never	<u>Occas</u>	sionally Freq	uently	Contin	uously	" &#</td></tr><tr><td>Up to 10 lbs. ( )</td><td>" (</td><td>) (</td><td>)</td><td>(</td><td>)</td><td></td></tr><tr><td>11-20 lbs. ( )</td><td>(</td><td>) (</td><td>)</td><td>(</td><td>)</td><td>Si.</td></tr><tr><td>21-50 lbs. ( )</td><td>(</td><td>) (</td><td>)</td><td>(</td><td>) .</td><td></td></tr><tr><td>51-100 lbs. ( )</td><td>(</td><td>) (</td><td>)</td><td>(</td><td>• )</td><td></td></tr><tr><td>8 W</td><td></td><td>10 10 10 10 10 10 10 10 10 10 10 10 10 1</td><td></td><td></td><td>380</td><td></td></tr><tr><td>I can lift: Never</td><td>Occasi</td><td>ionally Frequ</td><td>uently</td><td>Continu</td><td>iously</td><td></td></tr><tr><td>Up to 10 lbs. ( )</td><td>(</td><td>1) (</td><td>)</td><td>(</td><td>)</td><td>ss.</td></tr><tr><td>11-20 lbs. ( )</td><td>(</td><td>) (</td><td>)</td><td>(</td><td>)</td><td>2</td></tr><tr><td>21-50 lbs. ( )</td><td>. (</td><td>) (</td><td>)</td><td>C</td><td>)</td><td></td></tr><tr><td>51-100 lbs. ( )</td><td>(</td><td>) (</td><td>)</td><td>(</td><td>)</td><td></td></tr><tr><td>Lean use feet for repetitive moves</td><td>monte n</td><td>c in anausti (</td><td></td><td>on a Tana</td><td>/C'   \</td><td>, p.()</td></tr><tr><td>I can use feet for repetitive mover Right Foot: Y/N Left</td><td colspan=4></td><td>or N)</td></tr><tr><td>RIGHT TOOL. 17 N LEFT</td><td>root.</td><td>Y/N</td><td>Both</td><td>reet:</td><td>Y/N</td><td></td></tr><tr><td>I can use hands for repetitive actic</td><td>n such :</td><td>ac. l'Circl</td><td>lo V or N</td><td>1</td><td>d.</td><td></td></tr><tr><td colspan=2>Simple Grasping</td><td colspan=3>as: (Circle Y or N) Pushing & Pulling</td><td colspan=2>Fine Manipulating</td></tr><tr><td>Right Hand: Y/N</td><td>* .</td><td colspan=3>to the second se</td><td>/N</td></tr><tr><td>Left Hand: Y/N</td><td>18 69</td><td>Y/N</td><td></td><td>166</td><td>. Y/</td><td></td></tr><tr><td></td><td></td><td>17.11</td><td>**</td><td>2</td><td> ,</td><td>,</td></tr><tr><td>I am Restricted in Activities involvi</td><td>ng:</td><td></td><td></td><td></td><td></td><td>1901 N V</td></tr><tr><td>Unprotected heights</td><td>Y/N</td><td>If yes, explair</td><td>n:</td><td></td><td></td><td></td></tr><tr><td>Being around moving machines</td><td>Y/N</td><td>If yes, explain</td><td></td><td></td><td></td><td></td></tr><tr><td>Exposure to marked changes in</td><td>¥</td><td>100</td><td>1</td><td></td><td></td><td></td></tr><tr><td>temperature/humidity</td><td>Y/N</td><td>If yes, explain</td><td>:</td><td></td><td></td><td>A N</td></tr><tr><td>Driving automotive equipment</td><td>Y/N</td><td>If yes, explain</td><td>:</td><td>d management</td><td></td><td></td></tr><tr><td>Exposure to dust, fumes/gases</td><td colspan=5>If yes, explain:</td></tr><tr><td>*</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>a a</td><td></td><td>25</td><td>:=(c</td><td>ž.</td></tr><tr><td>Signature:</td><td></td><td></td><td></td><td>Date:</td><td></td><td></td></tr><tr><td>(Of person filling out the form)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>