

CAPABILITY ASSESSMENT

North Dakota Department of Transportation, Human Resources
SFN 9769 (5-2017)

Signatures needed below

General Information	Claim Number	Injury/Illness Date	Birth Date	Employee Number
	Employee Name	Division/District		Work Site Telephone Number
	Address	City	State	ZIP Code

Sections below completed by physician.

Medical Assessment	Diagnosis Code/ICD9 Code	Visit Date	Part of Body Injured
	Purpose: <input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Recheck <input type="checkbox"/> Discharge If this is the initial evaluation, please complete the next question. Any reported pre-existing/associated conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Doctor's Estimate of Physical Capabilities	Physical Capabilities (Related to work position)	Not Recommended	Seldom 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%
	Sit	<input type="checkbox"/>				
	Stand/Walk	<input type="checkbox"/>				
	Climb (ladders/stairs)	<input type="checkbox"/>				
	Twist	<input type="checkbox"/>				
	Bend/Stoop	<input type="checkbox"/>				
	Squat/Kneel	<input type="checkbox"/>				
	Crawl	<input type="checkbox"/>				
	Reach (Left, Right, Both)	<input type="checkbox"/>				
	Work above shoulders (L, R, B)	<input type="checkbox"/>				
	Wrist (L, R, B)	<input type="checkbox"/>				
	Grasp (L, R, B)	<input type="checkbox"/>				
	Fine Manipulation (L, R, B)	<input type="checkbox"/>				
	Drive/Operate Machinery	<input type="checkbox"/>				
	Lifting / Pushing	Not Recommended	Seldom	Occasional	Frequent	Constant
Lift (L, R, B)	lbs	lbs	lbs	lbs	lbs	
Carry (L, R, B)	lbs	lbs	lbs	lbs	lbs	
Push / Pull	lbs	lbs	lbs	lbs	lbs	
Other Instructions and/or limitations						
Restrictions based upon: <input type="checkbox"/> Workability <input type="checkbox"/> Functional Capacity Assessment <input type="checkbox"/> Physical Exam						

Follow-up Plan	<input type="checkbox"/> Next visit with this provider:	<input type="checkbox"/> Consult with:	<input type="checkbox"/> Medication Prescribed:
	<input type="checkbox"/> Referral to:	<input type="checkbox"/> Other:	

MMI	Has injured worker reached maximum medical improvement (MMI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
	If Yes, is it likely that the permanent partial (PPI) will be greater than 14% whole body? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Physician's Signature	Facility	Federal Tax ID	Telephone Number
Injured Worker's Signature	Date	I authorize the release of this report and any other medical information related to my job.	C3