



ESTIMATED PHYSICAL CAPABILITIES FORM

NOTE: Important Information on Reverse

INSTRUCTIONS: Please complete this form based on your estimation of the employee's current physical capabilities, ONLY if he/she is to be 50% or less disabled and will be ready to return to FULL duty within sixty (60) days.

1. Medical Diagnosis:

2a. In an 8 hour workday, how many hours can this employee: (Please check appropriate boxes)

Table with 11 columns: Activity (Sit, Stand, Walk), hours 1-8, and frequency (Continuously, with Rests).

b. Can this employee sit, stand and/or walk in combination for an eight hour workday? Yes No
c. Can this employee work beyond a scheduled 8 hour workday? Yes No Limited to # of hours

3. Other Capabilities: (Please check appropriate boxes.)

Main physical capabilities table with columns for frequency (Never, Occasionally, Frequently, Continuously) and rows for Lift, Carry, Bend, Squat, Crawl, Climb, Run, Reach, Operate a motor vehicle. Includes sub-tables for hand dominance and repetitive actions.

4. Work Environment Restrictions:

- Can this employee be exposed to marked changes in temperature and humidity? Yes No
Be exposed to unprotected heights? Yes No
Be exposed to fumes and gases? Yes No
Be around moving machinery? Yes No
Other Restrictions:

Does this employee have any visual or hearing impairment requiring accommodation? Yes No

If "yes," please explain:

Can this employee restrain combative patients/clients? Yes No

6. Based on 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 explain:

7. When will this employee be physically ready to return to alternate duty? Date
When will this employee be physically ready to return to FULL duty? Date

Physician's Signature Telephone Number Date

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 limited or alternate duty assignment should be directed to the Business Services Center, Benefits Unit at (518) 457-4272. The form can be faxed to 518-457-1879, emailed to: BSCBenefitsAdmin@ogs.ny.gov, or mailed to:

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