



# Estimated Physical Capabilities Form BSC-B22

Important information on page 2.

Patient Name: \_\_\_\_\_

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

**1. Medical Diagnosis:** \_\_\_\_\_

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

	1	2	3	4	5	6	7	8	Continuously	with Rests
Sit										
Stand										
Walk										

Can this employee sit, stand and/or walk in combination for an eight-hour workday? **Yes** **No**

Can this employee work beyond a scheduled 8-hour workday? **Yes** **No** Limited to \_\_\_\_\_ # of hours Degree of Disability \_\_\_\_\_%

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

Lift	Never (0%)	Occasionally (0-33%)	Frequently (34-66%)	Continuously (67-100%)
0 – 10 lbs.				
11 – 20 lbs.				
21 – 50 lbs.				
51 – 100 lbs.				
<b>Carry</b>				
0 – 10 lbs.				
11 – 20 lbs.				
21 – 50 lbs.				
51 – 100 lbs.				
<b>Bend</b>				
<b>Squat</b>				
<b>Crawl</b>				
<b>Climb</b>				
<b>Run</b>				
<b>Reach above shoulder level</b>				
<b>Operate a motor vehicle</b>				

Upper Extremities:	Right		Left	
Which hand is dominant?				
Can this employee perform repetitive action such as:	Right		Left	
	Yes	No	Yes	No
Simple Grasping				
Pushing / Pulling				
Fine Manipulation				
<b>Lower Extremities:</b> Use of feet/legs for repetitive movement as in operation of foot controls and motor vehicles.				
	Yes		No	
Right Extremity				
Left Extremity				
Simultaneous				



**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?   **Yes**   **No****

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](mailto:BSCBenefitsAdmin@ogs.ny.gov), or mailed to:

**Business Services Center**  
1220 Washington Ave.  
HR- Benefits Unit Building 5, Floor 4  
Albany, NY 12226-1900  
[BSCBenefitsAdmin@ogs.ny.gov](mailto:BSCBenefitsAdmin@ogs.ny.gov)  
Phone: (518)-457-4272 Fax: (518)-457-1879