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State of Vermont
Department of Labor
Workers' Compensation Division
PO Box 488
Montpelier, VT 05601-0488
(802) 828-2286

Form 20

Rev. 12/10

State File No.**:
Ins. Co. File No.:
Date of Injury:

Work Capabilities Form

Form recommended for use by medical providers in assessing work capabilities of patients with work injuries

Employee's Name: Based on my examination of this patient on:

May Return to Work with NO RESTRICTIONS

May Return to Work on with the following capabilities:

Stand/Walk:

Not at all 1-3 hours 3-5 hours 5-8 hours Unrestricted

Sit:

Not at all 1-3 hours 3-5 hours 5-8 hours Unrestricted

Drive:

Not at all 1-3 hours 3-5 hours 5-8 hours Unrestricted

Lift:

Not at all
No more than 10 lbs. Occasionally Frequently
No more than 20 lbs. Occasionally Frequently
No more than 50 lbs. Occasionally Frequently
No more than 100 lbs. Occasionally Frequently
Unrestricted

Bend:

Not at all Occasionally Frequently Unrestricted

Squat:

Not at all Occasionally Frequently Unrestricted

Climb:

Not at all Occasionally Frequently Unrestricted

Twist:

Not at all Occasionally Frequently Unrestricted

Reach above shoulders:

Not at all Occasionally Frequently Unrestricted

Specific work capabilities not listed above:

Employee has limited use of:

Employee can cannot perform repetitive activities for more than min/hrs.

Employee can cannot work more than 8 hours a day.

Work capabilities are in effect until: ; or until further evaluation.

May NOT RETURN TO WORK Estimated duration of total disability:

Scheduled for a follow-up appointment on:

Referred to: for follow-up care.

Medical Provider's Name (Print) Date

Medical Providers Signature

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize this medical provider to release any information acquired in the course of my examination or treatment for the above injury to my employer or its representative.

Patient Signature: Date:

** If you do not have the state file number please contact the Department of Labor at (802) 828-2286.