

Functional Limitations			
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Section I – Employee Information

Employee Name:	ID#:	Date:
Department:	Supervisor:	Supervisor Phone:
Treating Professional:	Professional’s Phone:	Professional’s License #:

Section II – Professional’s Evaluation

I certify that the employee has a physical, mental, emotional, impairment that limits one or more major life activity. The life function affected is (circle all that apply):

Caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, working, remembering, reasoning, other (please describe)

Below, please indicate the limitations of the employee.

Physical Activity	Mild Limitation	Moderate Limitation	Severe Limitation
Sitting			
Standing			
Walking			
Bending Over			
Climbing			
Reaching Overhead			
Kneeling			
Pushing & Pulling			
Crouching/stooping			
Lifting or Carrying			
• 10 lbs. or less			
• 11 to 25 lbs.			
• 26 to 50 lbs.			
• 51 to 75 lbs.			
• 76 to 100 lbs.			
• Over 100 lbs.			
Repetitive Use of Hands			
• Right Only			
• Left Only			
• Both			
Simple/Light Grasping			
• Right Only			
• Left Only			
• Both			
Firm/Strong Grasping			
• Right Only			
• Left Only			
• Both			
Fine motor, right hand			
Fine motor, left hand			

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Section III. Level of Mental, Emotional, and Sensory Limitations

Pace of Work	<input type="checkbox"/> Fast <input type="checkbox"/> Avg <input type="checkbox"/> Below Avg	Reasoning	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Manage Multiple Priorities	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Hearing	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Intense Customer Interaction	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Reading	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Multiple Stimuli	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Analyzing	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Frequent Change	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Verbal Communication	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Short-term Memory	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Written Communication	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Long-term Memory	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Vision	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Attention Span	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		

Section IV. Diagnosing Professional’s Comments

The above limitations are permanent. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Professional’s Signature:	Date:	Office Phone #:
Print Professional’s Name:	Professional’s License #:	

Please include additional documentation to support the request for accommodation as well as a cover letter on professional stationery.