MEDICAL SOURCE STATEMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (PHYSICAL)

NAME OF INDIVIDUAL SOCIAL SECURITY NUMBER

To assist us in determining this individual's ability to do work-related activities, please give us your professional opinion of what the individual can still do despite his/her impairment(s). The opinion should be based on your findings with respect to medical history, clinical and laboratory findings (or lack thereof), diagnosis, prescribed treatment and response, expected duration and prognosis.

For each activity shown below:

(1) Check the appropriate block;

(2) Respond to the questions about the individual's ability to perform the activity; and

(3) Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment of any limitations.

IT IS VERY IMPORTANT TO DESCRIBE THE FACTORS THAT SUPPORT YOUR ASSESSMENT. WE ARE REQUIRED TO CONSIDER THE EXTENT TO WHICH YOUR ASSESSMENT IS SUPPORTED.

EXERTIONAL LIMITATIONS

1. Are **LIFTING/CARRYING** affected by the impairment? ☐ No ☐ Yes

If "yes", how many pounds can the individual lift and/or carry?
Frequently means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous)
Occasionally means occurring very little up to one-third of an 8-hour workday (cumulative, not continuous)

Occasionally lift and/or carry (including upward pulling)
(maximum) – when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 5.

☐ less than 10 pounds
☐ 10 pounds
☐ 20 pounds
☐ 25 pounds
☐ 50 pounds
☐ 100 pounds or more

Frequently lift and/or carry (including upward pulling)
(maximum) – when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 5.

☐ less than 10 pounds
☐ 10 pounds
☐ 20 pounds
☐ 25 pounds
☐ 50 pounds
☐ 100 pounds or more

2. Are **STANDING and/or WALKING** affected by the impairment? ☐ No ☐ Yes
If "yes", how many hours total (with normal breaks) can the individual stand and/or walk?

☐ less than 2 hours in an 8-hour workday 9if less than two hours selected provide explanation of the precise limitation opined below)
☐ at least 2 hours in an 8-hour workday
☐ about 6 hours in an 8-hour workday
☐ medically required hand-held assistive device is necessary for ambulation

3. Is **SITTING** affected by the impairment? ☐ No ☐ Yes

If "yes", how many hours total (with normal breaks) can the individual sit?

☐ Less than about 6 hours in an 8-hour workday
☐ about 6 hours in an 8-hour workday
☐ must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in item 5.)

4. Is **PUSHING and/or PULLING** affected by the impairment? ☐ No ☐ Yes
(including operation of hand and/or foot controls)

If "yes", check appropriate block

☐ Limited in **upper** extremities (describe nature and degree)
☐ Limited in **lower** extremities (describe nature and degree)

What medical/clinical finding(s) support your conclusions in items 1-4 above?

POSTURAL LIMITATIONS

How often can the individual perform the following POSTURAL activities?
Frequently means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous)
Occasionally means occurring very little up to one-third of an 8-hour workday (cumulative, not continuous)

	Frequently	**Occasionally**	**Never**
1. Climbing – ramps/stairs/ladder/rope/scaffold	☐	☐	☐
2. Balancing	☐	☐	☐
3. Kneeling	☐	☐	☐
4. Crouching	☐	☐	☐
5. Crawling	☐	☐	☐
6. Stooping	☐	☐	☐

When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. What medical/clinical findings support your conclusions?

MANIPULATIVE LIMITATIONS

Are the following MANIPULATIVE functions affected by the impairment?

		LIMITED	UNLIMITED
1.	Reaching all directions (including overhead)	☐	☐
2.	Handling (gross manipulation)	☐	☐
3.	Fingering (fine manipulation)	☐	☐
4.	Feeling (skin receptors)	☐	☐

If there are manipulative limitations described as "limited", please check how often the individual can do the following:

☐ REACHING	☐ OCCASIONALLY	☐ FREQUENTLY	☐ CONSTANTLY
☐ HANDLING	☐ OCCASIONALLY	☐ FREQUENTLY	☐ CONSTANTLY
☐ FINGERING	☐ OCCASIONALLY	☐ FREQUENTLY	☐ CONSTANTLY
☐ FEELING	☐ OCCASIONALLY	☐ FREQUENTLY	☐ CONSTANTLY

5. Describe how the activities checked "limited" are impaired and the basis of additional manipulative limitations. What medical/clinical findings support your conclusions?

VISUAL/COMMUNICATIVE LIMITATIONS

Are the following functions affected by the impairment?

		LIMITED	UNLIMITED
1.	Seeing	☐	☐
2.	Hearing	☐	☐
3.	Speaking	☐	☐

4. Describe how the faculties checked "limited" are impaired. What medical/clinical findings support your conclusions?

ENVIRONMENTAL LIMITATIONS

Are the following **ENVIRONMENTAL LIMITATIONS** caused by the impairment?

		LIMITED	UNLIMITED
1.	Temperature Extremes	☐	☐
2.	Noise	☐	☐
3.	Dust	☐	☐
4.	Vibration	☐	☐
5.	Humidity/Wetness	☐	☐
6.	Hazards (machinery, heights…)	☐	☐
7.	Fumes, odors, chemicals, gases	☐	☐

8. Describe how the environmental factors impair activities and identify hazards to be avoided. What medical/clinical findings support your conclusions?

Physician's Signature | Medical Specialty | Date