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**PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT**

CLAIMANT:	SOCIAL SECURITY NUMBER:
	- -
PRIMARY DIAGNOSIS:	
SECONDARY DIAGNOSIS:	
OTHER ALLEGED IMPAIRMENTS:	

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**I. LIMITATIONS:**

**For Each Section A - F**

-  Base your conclusions on all evidence in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.
-  Check the blocks which reflect your reasoned judgment.
-  Describe how the evidence substantiates your conclusions (Cite specific clinical and laboratory findings, observations, lay evidence, etc.
-  Ensure that you have:
  - given appropriate weight to treating source conclusions (See Section III.)
  - Considered and responded to any alleged limitations imposed by symptoms (pain, fatigue, etc.) attributable, in your judgment, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A – F below (See also Section II.)
  - Responded to all allegations of physical limitations or factors which can cause physical limitations.
-  **Frequently** means occurring one-third to two-third of an 8-hour workday (cumulative, not continuous).  
**Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

A. EXERTIONAL LIMITATIONS

- None established. (Proceed to section B.)
1. 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 6.
- less than 10 pounds
  - 10 pounds
  - 20 pounds
  - 50 pounds
  - 100 pounds or more
2. Frequently lift and/or carry (including upward pulling) (maximum) – when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.
- Less than 10 pounds
  - 10 pounds
  - 25 pounds
  - 50 pounds or more
3. Stand and/or walk (with normal breaks) for a total of –
- Less than 2 hours in an 8-hour workday
  - 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
4. Sit (with normal breaks) for a total of –
- Less than 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 6.)
5. Push and/or pull (including operation of hand and/or foot controls) –
- unlimited, other than as shown for lift and/or carry
  - limited in upper extremities (describe nature and degree)
  - limited in lower extremities (describe nature and degree)
6. Explain how and why the evidence supports your conclusions in item 1 through 5. Cite the specific facts upon which your conclusions are based.

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6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

B. POSTURAL LIMITATIONS

Frequently    Occasionally    Never

None established. (Proceed to section C.)

- |                                   |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Climbing – ramp/stairs _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ ladder/rope/scaffolds _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Balancing _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Stooping _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Kneeling _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Crouching _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Crawling _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.

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C. MANIPULATIVE LIMITATIONS

	<b>LIMITED</b>	<b>UNLIMITED</b>
<input type="checkbox"/> None established. (Proceed to section D.)		
1. Reaching all directions (including overhead) _____	→ <input type="checkbox"/>	<input type="checkbox"/>
2. Handling (gross manipulation) _____	→ <input type="checkbox"/>	<input type="checkbox"/>
3. Fingering (fine manipulation) _____	→ <input type="checkbox"/>	<input type="checkbox"/>
4. Feeling (skin receptors) _____	→ <input type="checkbox"/>	<input type="checkbox"/>

5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based.

D. VISUAL LIMITATIONS

None established. (Proceed to section E.)

**LIMITED**

**UNLIMITED**

- 1. Near acuity \_\_\_\_\_ →
- 2. Far acuity \_\_\_\_\_ →
- 3. Depth perception \_\_\_\_\_ →
- 4. Accommodation \_\_\_\_\_ →
- 5. Color vision \_\_\_\_\_ →
- 6. Field of vision \_\_\_\_\_ →

7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.

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E. COMMUNICATION LIMITATIONS

None Established. (Proceed to section F.)

**LIMITED**

**UNLIMITED**

- 1. Hearing \_\_\_\_\_ →
- 2. Speaking \_\_\_\_\_ →

3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 and 2. Cite the specific facts upon which your conclusions are based.

F. ENVIRONMENTAL LIMITATIONS

UNLIMITED	AVOID CONCENTRATED EXPOSURE	AVOID EVEN MODERATE EXPOSURE	AVOID ALL EXPOSURE
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None Established. (Proceed to section II.)

- |  |                            |                          |                          |                          |
|--|----------------------------|--------------------------|--------------------------|--------------------------|
| 1. Extreme cold  | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Extreme heat  | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wetness   | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Humidity  | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Noise   | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Vibration   | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Fumes, odors,<br>dusts, gases,<br>poor ventilation,<br>etc. | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hazards<br>(machinery,<br>heights, etc.)                    | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based.

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9. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

## II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.

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## III. MEDICAL SOURCE STATEMENT(S)

- A. Is a medical source statement(s) regarding the claimant's physical capacities in file?
  - Yes
  - No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)
- B. If yes, are there medical source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

Yes

No

C. If yes, explain why those conclusions are not supported by the evidence in file. Cite the source's name and the statement date.

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IV. ADDITIONAL COMMENTS



THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABLITLTY DETERMINATION.

SIGNATURE:

DATE: