



**5. PHYSICAL IMPAIRMENT**

- Class 1 – No limitation of functional capacity, capable of heavy physical activity. No restrictions. (1-10%)
- Class 2 – Slight limitation of functional capacity, capable of light manual activity. (15-30%)
- Class 3 – Moderate limitation of functional capacity, capable of clerical/administrative (sedentary) activity. (35-55%)
- Class 4 – Marked limitation. (60-70%)
- Class 5 – Severe limitation of functional capacity, incapable of minimal (sedentary) activity. (75-100%)

If applicable, please provide remarks below: Section 8.

**6. MENTAL /NERVOUS IMPAIRMENT (IF APPLICABLE)**

- Class 1 – No significant limitation of functional capacity; able to perform requirements of the job. (No limitations)
- Class 2 – Some limitation of functional capacity; capable of performing requirements of the job on a part-time or intermittent basis, or to perform alternative tasks. (Moderate limitations)
- Class 3 – Severe limitations of functional capacity; incapable of performing job requirements or any alternative tasks. (Severe limitation.)

(If applicable, please provide remarks below: Section 8

Do you believe the patient is competent to endorse checks and direct the use of the proceeds thereof?  Yes  No

**7. PROGNOSIS (complete with respect to PATIENT'S JOB)**

**PATIENT'S JOB**

- (a) Is patient now totally **unable** to work? .....  Yes  No
- (b) Do you expect a meaningful change in the future?  Yes  No

(1) If yes, when will patient recover sufficiently to perform duties: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

IF DATE OF RECOVERY IS  
UNCERTAIN, PLEASE  
PROVIDE ESTIMATED DATE.

(2) If no, please explain:

(c) Re-evaluation is recommended on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**8. REMARKS**

\_\_\_\_\_

Print Here (Attending Physician) Degree Telephone

Street Address City or Town State ZIP CODE

Signature Date