



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**  
OFFICE OF PROGRAMS/POLICY & SYSTEMS  
844 NORTH RUSH STREET  
CHICAGO, ILL. 60611-2092

Form Approved  
OMB No. 3220-0038

## MEDICAL ASSESSMENT OF RESIDUAL FUNCTIONAL CAPACITY

NAME

RRB CLAIM NUMBER

### INSTRUCTIONS

Complete this form and submit to us along with your narrative report and office records, as requested on the enclosed cover letter. Describe below any restrictions in the claimant's ability to perform basic work-related functions within a regular work setting on a day-to-day basis. **Relate any assessed reduction to capacity to particular medical findings.** Do not consider non-medical factors such as age, sex, education, or work experience.

**Note:** You may include this medical assessment in your narrative report, however, we prefer you use this Form G-250A.

When using this form, use the space to the left of a function or condition to enter "NA" if you find that it is NOT AFFECTED by the claimant's impairment(s). If you are unable to assess the claimant's ability to perform an activity or tolerate a condition shown, use the space to show "UNK" indicating UNKNOWN. Otherwise, complete as appropriate, being sure to explain limitations and relate them to specific findings in the space provided.

Please read page 4 for the authorization for this report and other important notices.

A. **Exertional Restrictions** - For all claimants with physical impairments.

1. \_\_\_\_\_ In an 8-hour workday claimant can STAND and/or WALK, with normal breaks, for:

less than 2 hours total       at least 2 hours total       6 hours or more

**MEDICAL FINDINGS TO SUPPORT RESTRICTION:**

2. \_\_\_\_\_ In an 8-hour workday claimant can SIT, with normal breaks, for:

less than 6 hours total       6 hours or more

**MEDICAL FINDINGS TO SUPPORT RESTRICTION:**

A. **Exertional Restrictions**, Continued

3. _____ Claimant can LIFT:	Unlimited	Frequently <sup>1</sup>	Occasionally <sup>2</sup>	Never
Less than 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 pounds or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:**

4. Claimant is able to:	Frequently <sup>1</sup>	Occasionally <sup>2</sup>	Never
_____ Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Crouch/Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:**

5. Claimant can use BOTH HANDS for repetitive:	YES	NO (Limitation <b>MUST</b> be explained)
_____ Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>
_____ Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>
_____ Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>
6. Claimant can use BOTH FEET for repetitive:		
_____ Foot Controls	<input type="checkbox"/>	<input type="checkbox"/>
7. Claimant can, without restriction:		
_____ See	<input type="checkbox"/>	<input type="checkbox"/>
_____ Hear	<input type="checkbox"/>	<input type="checkbox"/>
_____ Speak	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:**

<sup>1</sup> **FREQUENTLY** means occurring one-third to two-thirds of an 8-hour workday; cumulative, not continuous.

<sup>2</sup> **OCCASIONALLY** means occurring from very little up to one-third of an 8-hour workday; cumulative, not continuous.

**B. Environmental Restrictions** - For all claimants, as applicable.

Claimant is restricted in activities involving:	No	Mildly <sup>3</sup>	Moderately <sup>4</sup>	Totally
_____ Unprotected Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Driving/Operating Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Being around moving Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Uneven Terrain/Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Exposure to Dust, Fumes, Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Exposure to Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Exposure to Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Exposure to Temperature Extremes/Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:**

**C. Mental Restrictions** - For all claimants with mental impairments.

Claimant is limited in ability to:	No	Mildly <sup>3</sup>	Moderately <sup>4</sup>	Totally
_____ Reason/Use Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Maintain Appropriate Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Maintain Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Perform Normal Daily Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Make Social Adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Relate to Other People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Make Occupational Adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Maintain Normal Work Pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Maintain Normal Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Remember/Understand/Carry Out Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:**

<sup>3</sup> MILDLY means tolerance/ability to function is limited but satisfactory.

<sup>4</sup> MODERATELY means tolerance/ability to function is seriously limited, but not precluded.

In your opinion, is the claimant able to handle benefit payments in his/her own best interest		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Date	Phone Number with area code (       )	
Printed Name, Title, and Address			
<p><b>Please return this form along with your narrative report and copies of your office records to:</b></p> <p><b>RAILROAD RETIREMENT BOARD</b></p>			

**PRIVACY ACT AND PAPERWORK REDUCTION NOTICE**

The information requested on this form is authorized by Section 7(b)(6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing for the claimant named and to determine the claimant's entitlement to disability benefits under the Railroad Retirement Act.

We estimate this form takes an average of 20 minutes per response to complete, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-2092.