UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
OFFICE NAME
OFFICE ADDRESS
OFFICE CITY, STATE, ZIP CODE
WWW.RRB.GOV

Form Approved
OMB No. 3220-0038

PROPOSED

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[1]	Occasionally[2]	Never
Less than 10 pounds	☐	☐	☐	☐
10 pounds	☐	☐	☐	☐
20 pounds	☐	☐	☐	☐
50 pounds	☐	☐	☐	☐
100 pounds or more	☐	☐	☐	☐

MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:

4. Claimant is able to:

	Frequently[1]	Occasionally[2]	Never
________ Bend/Stoop	☐	☐	☐
________ Crouch/Squat	☐	☐	☐
________ Climb	☐	☐	☐
________ Reach above shoulder level	☐	☐	☐

MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:

	YES	NO (Limitation **MUST** be explained)
5. Claimant can use BOTH HANDS for repetitive:		
________ Simple Grasping	☐	☐
________ Fine Manipulation	☐	☐
________ Pushing/Pulling	☐	☐
6. Claimant can use BOTH FEET for repetitive:		
________ Foot Controls	☐	☐
7. Claimant can, without restriction:		
________ See	☐	☐
________ Hear	☐	☐
________ Speak	☐	☐

MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:

[1] **FREQUENTLY** means occurring one-third to two-thirds of an 8-hour workday; cumulative, not continuous.
[2] **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[3]	Moderately[4]	Totally
________ Unprotected Heights	☐	☐	☐	☐
________ Driving/Operating Machinery	☐	☐	☐	☐
________ Being around moving Machinery	☐	☐	☐	☐
________ Uneven Terrain/Stairs	☐	☐	☐	☐
________ Exposure to Dust, Fumes, Etc.	☐	☐	☐	☐
________ Exposure to Noise	☐	☐	☐	☐
________ Exposure to Vibration	☐	☐	☐	☐
________ Exposure to Temperature Extremes/Humidity	☐	☐	☐	☐
Other:		☐	☐	☐

MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:

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

Claimant is limited in ability to:	No	Mildly[3]	Moderately[4]	Totally
________ Reason/Use Judgment	☐	☐	☐	☐
________ Maintain Appropriate Mood	☐	☐	☐	☐
________ Maintain Personal Habits	☐	☐	☐	☐
________ Perform Normal Daily Activities	☐	☐	☐	☐
________ Make Social Adjustments	☐	☐	☐	☐
________ Relate to Other People	☐	☐	☐	☐
________ Make Occupational Adjustments	☐	☐	☐	☐
________ Maintain Normal Work Pace	☐	☐	☐	☐
________ Maintain Normal Concentration	☐	☐	☐	☐
________ Remember/Understand/Carry Out Instructions	☐	☐	☐	☐
Other:		☐	☐	☐

MEDICAL FINDINGS TO SUPPORT RESTRICTIONS:

[3] **MILDLY** means tolerance/ability to function is limited but satisfactory.
[4] **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 ☐	No ☐

CERTIFICATION

With the understanding that section 13 of the Railroad Retirement Act (45 U.S.C. 231l) provides that anyone who makes false or fraudulent statements or claims for the purpose of causing an award or payment under the Railroad Retirement Act is subject to a fine of up to $10,000, or imprisonment of up to one year, or both, I certify that the information I have furnished is correct to the best of my knowledge.

Signature	Date

Printed Name, Title, and National Provider Number

National Provider Number

Address and Daytime Telephone Number

Area Code	Telephone Number

Please return this form along with your narrative report and copies of your office records to:

RAILROAD RETIREMENT BOARD
OFFICE NAME
OFFICE ADDRESS
OFFICE CITY, STATE, ZIP CODE

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

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.