Reset Print

ME-OW

Work Capacity Evaluation
Cardiovascular/Pulmonary Conditions

U.S. Department of Labor
Office of Workers' Compensation Programs

Injured Worker's Name (*First, middle, last*)	OWCP No.	OMB No: 1240-0046 Expires: XX-XX-XXXX

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions:

1.a. Is this employee capable of performing his/her usual job without restriction? ☐ Yes ☐ No If no, is **prevention** (of possible future injury) the **only reason** for work limitations? ☐ Yes ☐ No **If prevention is not the only reason,** please explain your medical reason to support your opinion in a medical report.
for limitations:

Many employers can readily accommodate medical restrictions including assignment of the injured worker to an alternative work location.

b. If unable to perform his/her usual job, is the employee able to work for 8 hours per workday with physical restrictions?

c. If less than 8 hours per workday, how many hours can he/she work?

d. Do You anticipate an increase in the number of hours this person will be able to work? ☐ Yes ☐ No
If yes, when will this person achieve an 8 hour workday?
If no, please provide medical reasons to support your opinion in a medical report:

2. Has the work injury/condition caused **ANATOMICAL** and/or **FUNCTIONAL** changes in the cardiovascular or respiratory systems that preclude exposure to:

a. Temperature extremes	☐ Yes	☐ No	c. Gas/fumes	☐ Yes	☐ No
b. Airborne particles	☐ Yes	☐ No	d. Electromagnetic radiation	☐ Yes	☐ No

3a. Please review the Guidance for Physicians included on pages 2 and 3 of this form. Based on the parameters provided, please indicate whether this person is capable of working within any of the following Strength Levels:

Sedentary	☐ Yes	☐ No	**Light**	☐ Yes	☐ No	**Medium**	☐ Yes	☐ No
Heavy	☐ Yes	☐ No	**Very Heavy**	☐ Yes	☐ No			

3b. If not, please indicate whether this person has any **LIMITATION** in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work
Sitting	☐ Yes	
Walking	☐ Yes	
Standing	☐ Yes	
Reaching	☐ Yes	
Reaching above Shoulder	☐ Yes	
Twisting	☐ Yes	
Bending/Stooping	☐ Yes	
Operating Motor Vehicle at work	☐ Yes	
Operating a Motor Vehicle to/from work	☐ Yes	

Activity	Limitation	# of Hours Able to Work	Lbs.
Repetitive Movements:			
Wrists	☐ Yes		
Elbow	☐ Yes		
Pushing	☐ Yes		
Pulling	☐ Yes		
Lifting	☐ Yes		
Squatting	☐ Yes		
Kneeling	☐ Yes		
Climbing	☐ Yes		
Breaks:			
Duration		Frequency	
Duration		Frequency	

4. Is the person taking **MEDICATIONS** that impact the ability to work? Please explain.

5. If there are OTHER medical factors, situational considerations (e.g., high volume work, shifting priorities), equipment or devices which need to be considered in the identification of a position for this person, please explain in a narrative report.

6. Physician's Name (*Type or print*)	7. Telephone Number (Include Area Code)
8. Signature	9. Date

Physical Demand Definitions for the OWCP

OWCP has adopted the following Strength Level definitions to indicate the absence or presence and frequency of the physical demand components requested on the OWCP-5b and OWCP-5c.

1. STRENGTH LEVEL

Sedentary Work
Sedentary Work involves exerting up to 10 pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs may be defined as Sedentary when walking and standing are required only occasionally and all other Sedentary criteria are met.

Light Work
Light Work involves exerting up to 20 pounds of force occasionally or up to 10 pounds of force frequently, or a negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job/occupation is rated Light Work when it requires: (1) walking or standing to a significant degree; (2) sitting most of the time while pushing or pulling arm or leg controls; or (3) working at a production rate pace while constantly pushing or pulling materials even though the weight of the materials is negligible. (The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.)

Medium Work
Medium Work involves exerting 20 to 50 pounds of force occasionally or 10 to 25 pounds of force frequently or an amount greater than negligible and up to 10 pounds constantly to move objects. Physical demand requirements are in excess of these for Light Work.

Heavy Work
Heavy Work involves exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Medium Work.

Very Heavy Work
Very Heavy work involves exerting in excess of 100 pounds of force occasionally, or in excess of 50 pounds of force frequently or in excess of 20 pounds of force constantly to move objects, Physical demand requirements are in excess of those for Heavy Work.

LIMITS OF WEIGHTS LIFTED/CARRIED/PUSHED/PULLED

Rating	Occasionally	Frequently	Constantly
Sedentary	* - 10	*	N/A
Light	* - 20	* - 10	*
Medium	20 - 50	10 - 25	* - 10
Heavy	50 - 100	25 - 50	10 - 20
Very Heavy	100 +	50 +	20 +

* = negligible weight; N/A = Not Applicable

The range excludes the lower number and includes the higher number, i.e., the range 10 - 25 excludes 10 (begins at 10 +) and includes 25.

Physical Demand Definitions for the OWCP (continued)

PRESENCE AND/OR FREQUENCY OF OTHER PHYSICAL DEMANDS

The following codes and definitions indicate the absence or presence and frequency of other Physical Demand components requested on the OWCP-5b and OWCP-5c.

Code	Frequency	Definition	Max # hrs./8-hr. day
N	Not Present	Activity/condition does not exist.	0
O	Occasionally	Activity/condition exists up to 1/3 of the time.	2 hrs. 40 min.
F	Frequently	Activity/condition exists from 1/3 to 2/3 of the time.	5 hrs. 20 min.
C	Constantly	Activity/condition exists 2/3 or more of the time.	8

2. REACHING
Forward flexion and/or abduction of the hand(s) and arm(s); generally, within a 0◦ - 90◦ range of motion from the shoulder; or extension within a 0◦ - 50 ◦ range of motion from the shoulder.

3. REACHING ABOVE THE SHOULDER
Forward flexion and/or abduction of the hand(s) and arm(s); generally at greater than 90◦ from the shoulder.

4. TWISTING
Turning, twisting, contorting, or flexing the torso in any direction towards the right or left.

5. BENDING/STOOPING
Bending body downward and forward by bending spine at the waist requiring full use of the lower extremities and back muscles.

6. OPERATING A MOTOR VEHICLE AT WORK
Driving any vehicle during the performance of one's duties.

7. REPETITIVE MOVEMENTS OF ELBOWS (HANDLING)
Seizing, holding, grasping, turning, or otherwise working with hand or hands using the whole arm.

8. REPETITIVE MOVEMENTS OF WRISTS (FINGERING)
Picking, pinching, or otherwise working primarily with fingers and wrists rather than the whole arm as in handling.

9. SQUATTING (CROUCHING)
Bending body downward and forward by bending legs and spine.

10. KNEELING
Bending legs at knees to come to rest on knee or knees.

11. CLIMBING
Ascending or descending ladders, stair, scaffolding, ramps, poles, and the like, using feet and legs or hands and arms. Body agility is emphasized.

Privacy Act Statement

The Privacy Act of 1974 as amended (5 U. S.C. 552a) and the Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.), authorizes collection of this information. The purpose of this form is to obtain the claimant's specific work tolerance limitation where the accepted condition is cardiovascular/pulmonary in nature. Completion of this form is voluntary (5 U.S.C. 8101, et seq), however, failure to provide the information may result in the delay of processing of the claim or payment or benefits, or may result in an unfavorable decision or reduced levels of benefits. Additional disclosures of this information may be to: third parties in litigation; employing agencies, various individuals and organizations providing related medical rehabilitation and other services; insurance plans which may have paid related bills; labor unions; various law enforcement officials; other federal, state and local agencies (including the GAO and IRS) as appropriate; data processing contractors to the Department of Labor; debt collection agencies and credit bureaus.

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under 5 U.S.C. 8101 et, seq. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3229, 200 Constitution Avenue, NW, Washington, DC 20210, and reference the OMB Control Number 1240-0046. Note: Please do not return the requested information to the address shown just above. Rather, send it to the address shown on the letterhead.

Notice

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or the claims examiner to ask about this assistance.