OVR‑3 (REV 8/92)

DEPARTMENT FOR WORKFORCE INVESTMENT

OFFICE OF VOCATIONAL REHABILITATION

**DIAGNOSTIC GENERAL MEDICAL REPORT**

Name:       Date:

Personal Physician, if any:

Pertinent History Including Hospitalizations:

Under Medical Care Yes No Current Treatment:

INDIVIDUAL'S STATEMENT OF DISABILITY:

SPECIFIC QUESTIONS TO PHYSICIAN:

**THIS DIAGNOSTIC EXAM DOES NOT AUTHORIZE TREATMENT!!**

PHYSICIAN'S CLINICAL EVALUATION

*The following information will be used in determining eligibility for vocational rehabilitation services and provide appropriate services if applicant is eligible.*

HEIGHT WEIGHT BLOOD PRESSURE PULSE NOTES: *(Describe every abnormality in detail)*

Normal Check each item in appropriate column Abnormal

EYES, EARS, NOSE, THROAT

CARDIOVASCULAR

NERVOUS SYSTEM

RESPIRATORY SYSTEM

ABDOMINAL AND GASTROINTESTINAL

GENITO‑URINARY

ENDOCRINE (Include thyroid & breasts)

MUSCULOSKELETAL (Include spine, joints,

amputations, hernias)

OTHER

Pertinent Lab/X‑ray results (if authorized) Diagnoses/Etiology

**COMMUNICATION:** **ESTIMATED GENERAL PHYSICAL FUNCTION:**

VERBAL: Restricted Yes No 1. CAN STAND DAILY, WITH BREAK EVERY 2 HOURS, FOR:

HEARING: No Significant Loss  8 Hours 2 Hours

Moderate Loss  6 Hours Not At All

Severe Loss  4 Hours

SIGHT: No Significant Loss 

Moderate Loss 

Severe Loss 

Please continue on next page

2. CAN SIT DAILY, WITH BREAK EVERY 2 HOURS, FOR: 7. STOOPING-ENDING:

8 Hours 2 Hours Restricted Bending Yes No

6 Hours Not At All Restricted Stooping Yes No

4 Hours

8. REACHING-HANDLING:

3. CAN STAND AND SIT INTERMITTENTLY, WITH BREAK, Restricted above shoulders Yes No

FOR (Specify hours) Restricted below shoulders Yes No

4. CAN WALK DAILY: 9. USE OF HANDS RESTRICTED:

Less than 100 yards

About 250 yards (1 city block) Simple Grasping Right Yes No

One quarter mile (440 yards) Left Yes No

No restrictions

Pushing & Pulling Right Yes No

5. LIFTING: THE MOST REASONABLE LIFTING EXPECTATION Left Yes No

FOR THIS INDIVIDUAL IS:

100 lbs. occasionally to 50 lbs. frequently Fine Manipulation Right Yes No

50 lbs. occasionally to 25 lbs. frequently Left Yes No

20 lbs. occasionally to 10 lbs. frequently

10 lbs. maximum 10. USE OF FEET RESTRICTED FOR TREADING

No Limitations on Individual (as in operating foot controls)

6. CLIMBING‑BALANCING: Restricted Yes No Right Yes No

Can climb one flight of stairs without pause Yes No Left Yes No

VOCATIONAL ENVIRONMENT CONDITIONS: (*Check if contraindicated*)

Unprotected heights Exposed to marked changes in Being around moving machinery or other hazards

Driving Automotive Equipment temperature and humidity Exposure to dust, fumes & gases

Cold (below 40 degrees) Noise Noxious smells

Heat (100 degrees or above) Vibration Swing shift work hours

Other

PROGNOSIS FOR RETURN TO WORK: CONDITION IS:

Good Fair Poor Stable Slowly Progessive Chronic Acute

WILL TREATMENT SUBSTANTIALLY IMPROVE FUNCTION OR EMPLOYABILITY? Yes No

If Yes, how?

PROGNOSIS: Life expectancy: Work Expectancy (Time):

RECOMMEND: Consult, Treatment, Etc. (Specify)

ADDITIONAL REMARKS:

***Please sign & date this form before returning to DVR counselor* Return Completed Form to:**

Date of Exam:

Physician Signature:

Address:

Phone: Counselor's Phone No: