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: