North Dakota Workforce Safety & Insurance
To us, it's personal.

CAPABILITY ASSESSMENT

CLAIMS DIVISION
SFN 58550 (02/2008)

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Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

PLEASE TYPE OR PRINT USING BLACK OR BLUE INK. SEE REVERSE FOR ADDITIONAL INSTRUCTIONS.

General Information

Claim Number	Injury Date	Birth Date	Part of Body Injured
Injured Worker's Name and Address	Injured Worker's Phone Number		
Employer's Name			Employer's Phone Number

Medical Assessment

Diagnosis Code/ICD9 Code | **Visit Date**

Purpose: ☐ Initial Evaluation ☐ Re-check ☐ Discharge
If this is the initial evaluation, please complete the next question.
Any reported pre-existing/associated conditions? ☐ Yes ☐ No
Injured worker is released to work with: ☐ No restrictions ☐ With the following restrictions (If so, please complete below)
Restrictions are in effect until_____
Restrictions ordered are in effect for home and/or work activity.

Doctor's Estimate of Physical Capabilities

Physical Capabilities (Related to work injury):	**Not Recommended**	**Seldom 1-5%**	**Occasional 6-33%**	**Frequent 34-66%**	**Constant 67-100%**
Sit	☐	☐	☐	☐	☐
Stand / Walk	☐	☐	☐	☐	☐
Climb (ladders/stairs)	☐	☐	☐	☐	☐
Twist	☐	☐	☐	☐	☐
Bend / Stoop	☐	☐	☐	☐	☐
Squat / Kneel	☐	☐	☐	☐	☐
Crawl	☐	☐	☐	☐	☐
Reach (**L**eft, **R**ight, **B**oth)	☐	☐	☐	☐	☐
Work above shoulders (**L, R, B**)	☐	☐	☐	☐	☐
Wrist (**L, R, B**)	☐	☐	☐	☐	☐
Grasp (**L, R, B**)	☐	☐	☐	☐	☐
Fine Manipulation (**L, R, B**)	☐	☐	☐	☐	☐
Operate foot controls (**L, R, B**)	☐	☐	☐	☐	☐
Drive / Operate Machinery	☐	☐	☐	☐	☐

Lifting/Pushing	**Not Recommended**	**Seldom**	**Occasional**	**Frequent**	**Constant**
Example	0 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift (**L, R, B**)	lbs	lbs	lbs	lbs	lbs
Carry (**L, R, B**)	lbs	lbs	lbs	lbs	lbs
Push / Pull	lbs	lbs	lbs	lbs	lbs

Other instructions and/or limitations:

Restrictions based upon: ☐ Workability ☐ Functional Capacity Assessment ☐ Physical Exam
Do you have a job description? ☐ Yes ☐ No

Follow-up

Follow-up Plan
☐ Next visit with this provider:_____ ☐ Medication Prescribed:_____
☐ Referral to:_____ ☐ Other:_____
☐ Consult with:_____

MMI

Has injured worker reached maximum medical improvement (MMI)? ☐ Yes ☐ No Date_____
If yes, is it likely that the permanent partial impairment (PPI) will be greater than 16% whole body? ☐ Yes ☐ No ☐ Unknown

FRAUD WARNING – By signing this form, I acknowledge that I have read the Fraud Warning on the reverse side of this form and understand that falsifying this claim or making a false statement regarding this claim may be a felony punishable by substantial fines and imprisonment. By my signature below, I declare that the statements on this form are true and accurate.

Physician's Signature	Facility	Phone Number
Injured Worker's Signature	Date	I authorize the release of this report and any other medical information related to my claim to my employer, Workforce Safety & Insurance (WSI) and its agents.

C3

Please complete sign, and return this form to WSI immediately. Prompt payment of compensation depends on this form.

Important Notes

Complete a C3 form whenever restrictions are needed for return to work. For subsequent visits, a C3 form should be completed when there are meaningful changes in restrictions. This information will assist employers in determining appropriate accommodations. Keeping a worker on the job in transitional duty reduces the worker's likelihood of long-term disability. Please return the original form to WSI, provide a copy for the injured worker to give to their employer, and retain a copy for your records.

Completion of the C3 is not a substitute for chart notes. Notes (e.g., SOAP format) are needed for continued management of the claim as well as for payment of services. All medical documentation, including the new C3 forms, should continue to be faxed to 1-888-786-8695 or 1-701-328-3820.

Completing the C3 Form

General Information Section

- It is imperative providers indicate the injured worker's claim number on the C3 form. A claim number can be obtained by visiting www.WorkforceSafety.com (Click on "Find a claim number"). If a claim has not been filed, the injured worker must complete a First Report of Injury. **The C3 form cannot be used to file a claim.**

Work Activity Section

- It is only necessary to indicate the applicable physical demands that must be restricted. Those left blank will be considered as unrestricted.
- Restrictions established are applicable 24 hours a day and not just at work.
- Writing "See Chart Notes" on the C3 form is not appropriate because chart notes typically arrive later in the claim file than the C3 and are not immediately available to employers.

MMI Section

- This information helps WSI assess eligibility for benefits.
  - Maximum medical improvement (MMI) refers to a treatment plateau in a person's healing process. It can mean the injured worker has fully recovered from the injury or the medical condition has stabilized to the point that no major medical improvement can be expected.
  - Providers are requested to provide an opinion regarding permanent partial impairment (PPI) versus actually determining the degree or extent of impairment according to a rating schedule.

Fraud Warning for Filing False Claims

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with the Fund, including injured workers, employers, medical providers, and attorneys.