MACC Caring for Territory Road Users
ADMINISTERED BY TIO
GPO Box 770 Darwin NT 0801
mac@tiofi.com.au
1300 493 506

Report of Functional Capacity

Claimant name: _____

Claim No: _____

Your opinion on functional capacity should be based on the claimant's report of stated tolerances and measured work-related capacities and be provided irrespective of the availability of suitable or pre-injury duties.

Based on my review and observations of the above-mentioned person I would provide the following opinion (tick the most appropriate level):

Lifting up to:	☐ nil	☐ 2.5kg	☐ 2.5-5kg	☐ 5-10kg	☐ 10-20kg	☐ unrestricted
Walking up to:	☐ nil	☐ 0-15mins	☐ 15-30mins	☐ 30-60mins	☐ 60-120mins	☐ unrestricted
Sitting up to:	☐ nil	☐ 0-15mins	☐ 15-30mins	☐ 30-60mins	☐ 60-120mins	☐ unrestricted
Standing up to:	☐ nil	☐ 0-15mins	☐ 15-30mins	☐ 30-60min	☐ 60-120mins	☐ unrestricted
Travelling up to:	☐ nil	☐ 0-15mins	☐ 15-30mins	☐ 30-60min	☐ 60-120mins	☐ unrestricted
Keying up to:	☐ nil	☐ 0-15mins	☐ 15-30mins	☐ 30-60min	☐ 60-120mins	☐ unrestricted

Other restrictions:

_____

_____

Based on the report of daily activity the worker has the above capacities for:

_____hours/ day _____days/ week

Signed: _____

Name: _____ **Date:** _____

Copies provided to:

☐ GP ☐ TIO ☐ Other: _____