

Physical Ability Assessment

Student name _____ Student ID# *** ** _____

PLEASE MARK ALL AREAS THAT APPLY TO THIS STUDENT'S PHYSICAL DISABILITY

LIMITATIONS FOR REQUIRED CLASSES

CAN LIFT

Upper body can lift maximum #lbs = _____

Lower body can lift maximum #lbs = _____

CAN CARRY

Maximum #lbs = _____

CAN PUSH

Maximum weight _____

CAN PULL

Maximum weight _____

MAY NOT LIFT

Student may **NOT** lift with *upper* body.

Student may **NOT** lift with *lower* body.

MAY NOT CARRY

Student may **NOT** carry any weight.

MAY NOT PUSH

Student may **NOT** engage in pushing.

MAY NOT PULL

Student may **NOT** engage in pulling.

Can this student do the following?

- Walk If yes, how far? _____ NO _____
- Stand If yes, how long? _____ NO _____
- Sit If yes, how long? _____ NO _____
- If special seating is required please describe: _____

- Grasp Yes _____ No _____
- Kneel Yes _____ No _____
- Reach Yes _____ No _____
- Crouch Yes _____ No _____
- Climb Yes _____ No _____
- Run Yes _____ No _____

Physician's additional comments on restrictions: _____

Please "X" this box if this student is capable of ALL activities.

Physician's signature

Print Physician's name

Phone number

FAX

Date

Please complete this form quickly and fax back to us. If you have questions regarding this request, please contact our office at 954-201-7517. Thank you for your assistance.

Please reply to:

Office of Disability Services
Broward College
111 East Las Olas Blvd.
Fort Lauderdale, FL 33301

FAX: 954-201-7492