

**ATTENDING HEALTH CARE PROVIDER'S
WORK ASSESSMENT FORM (FOR NON-WORK RELATED CONDITIONS)**

**HUMAN RESOURCE SERVICES
WASHINGTON STATE UNIVERSITY
PULLMAN WA, 99164-1014**

**Side
2 of 2**

Patient's Name (Last)

(First)

Middle Initial

**COGNITIVE/PSYCHOLOGICAL CAPACITIES - AS RELATED TO CONDITION LISTED ON SIDE 1
TO BE COMPLETED BY ATTENDING HEALTH CARE PROVIDER**

Statement of psychological/cognitive diagnosis(es).

Health Care Provider: Please identify functional limitations of diagnosis(es):

Patient has the ability to meet the cognitive demands of the job as described in the job description, or the job as described by employee. (select one) Job Description Job as described by employee Yes No

Patient has the ability to meet the psychological demands of the job as described in the job description, or the job as described by employee. (select one) Job Description Job as described by employee Yes No

Patient has the ability to multitask without loss of efficiency or accuracy. This includes the ability to perform multiply duties from multiple sources. Yes No

Patient has ability to work and sustain attention with distractions and/or interruptions. Yes No

Patient is able to interact appropriately with a variety of individuals including customers/clients. Yes No

Patient is able to deal with people under adverse circumstances. Yes No

Patient has the ability to work as an integral part of a team. Includes ability to maintain workplace relationships. Yes No

Patient is able to maintain regular attendance and be punctual. Yes No

Patient is able to understand, remember and follow verbal and written instructions. Yes No
Simple instructions Yes No
Detailed instructions Yes No

Patient is able to complete assigned tasks without direct supervision. Yes No

Patient is able to exercise independent judgment and make decisions. Yes No

Patient is able to perform under stress and/or in emergencies. Yes No

Patient is able to perform in situations requiring speed, deadlines, or productivity quotas. Yes No

Clarify any "No" responses marked above or add applicable information here (Please attached additional documentation if needed):

If there are other restrictions you have not described elsewhere, please describe here:

Anticipated duration of these restrictions?

Is patient currently prescribed medication that would impair ability to operate machinery, be punctual, or maintain regular attendance? Yes No

If yes, please explain: