



**Disability Evaluator Panel (DEP)
Physician's Report of Work Ability
Cognitive/Psychological Conditions**

Instructions

Please circle the appropriate restriction levels below based on your clinical evaluation and other testing results.

Injured worker name		Claim number		Date of injury			
DEP physician				Date of exam			
Classes of restriction	Class 1	Class 2	Class 3	Class 4	Class 5		
Description of restriction severity	No restriction is noted	Restriction levels are compatible with most useful functioning	Restriction levels are compatible with some, but not all useful functioning	Restriction levels significantly impede useful functioning	Restriction levels preclude useful functioning		
Percentage of workday (8 hours)	No restriction (NR) 100%	Continuous (C) 67%-99%	Frequent (F) 34%-66%	Occasional (O) 1%-33%	Never (N) 0%		
Activities of daily living							
Self-care and hygiene (i.e., dressing, bathing, eating, cooking)			NR	C	F	O	N
Travel (i.e., impairments in driving, riding, flying, which are generally a result of symptoms of affective or anxiety disorders)			NR	C	F	O	N
Social function							
Ability to interact appropriately with the general public			NR	C	F	O	N
Ability to communicate effectively with others			NR	C	F	O	N
Ability to accept instructions and respond appropriately to criticism from supervisors			NR	C	F	O	N
Ability to manage conflicts with others - negotiate, compromise			NR	C	F	O	N
Thinking, concentration and judgment							
Ability to perform complex or varied tasks			NR	C	F	O	N
Ability to work in coordination with or in proximity to others without being distracted by them			NR	C	F	O	N
Ability to make simple work-related decisions			NR	C	F	O	N
Ability to abstract or understand concepts			NR	C	F	O	N
Ability to carry out detailed instructions			NR	C	F	O	N
Ability to comprehend/follow simple instructions			NR	C	F	O	N
Ability to maintain attention, concentrate on a specific task			NR	C	F	O	N
Ability to perform simple, routine, repetitive tasks			NR	C	F	O	N
Ability to remember locations and work procedures			NR	C	F	O	N
Adaptation to stress							
Ability to be aware of normal hazards and take appropriate precautions			NR	C	F	O	N
Ability to perform activities (including work) on schedule			NR	C	F	O	N
Ability to perform under stress when confronted with urgent, critical or unusual situations			NR	C	F	O	N
Ability to manage/respond to work pressures			NR	C	F	O	N
Are the restrictions: <input type="checkbox"/> temporary <input type="checkbox"/> permanent If temporary, give an opinion as to the expected duration of the restrictions: from _____ to _____. Due to the restrictions noted above, how many total hours per day and total days per week can the injured worker work? _____ hours _____ days Please provide an explanation if necessary:							
Provide a detailed explanation of work abilities, if Class 2, Class 3, Class 4 and/or Class 5 are selected or why the injured worker cannot perform any work.							
I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.							
Physician signature (required)				Date signed			