



Limitation	No restriction	Avoid frequent exposure	Avoid occasional exposure	Avoid all exposure
<b>Environmental limitations</b>	<i>None established</i>			
1. Extreme cold				
2. Extreme heat				
3. Wetness				
4. Humidity				
5. Noise				
6. Vibration				
7. Fumes, odors, dusts, gases, poor ventilation, etc.				
8. Hazards ( <i>machinery, heights, etc.</i> )				

Diagnosis:	Prognosis:
How long do you expect this condition to last?	Date of disability onset:
Is patient compliant with treatment? Yes      No	Would you recommend a psychological evaluation? Yes      No
Additional comments:	

**Physician's signature**

Physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
*(please print or type)*

Address: \_\_\_\_\_ Fax number: \_\_\_\_\_

\_\_\_\_\_  
Signature Date