

## INDIVIDUAL UNEMPLOYABILITY STATEMENT

IU STATEMENT FOR:

NAME OF PATIENT/VETERAN:	SSN:	EXAMINATION DATE:
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### INDIVIDUAL UNEMPLOYABILITY STATEMENT

IT IS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) THAT RELATED TO THE VETERAN'S SERVICE CONNECTED CONDITION(S) THE VETERAN IS ABLE TO PERFORM THE FOLLOWING IN A NORMAL 8 HOUR WORK DAY:

(OCCASIONAL <1/3 OF WORK DAY; FREQUENT BETWEEN 1/3 AND 2/3 OF WORK DAY; CONSTANT > 2/3 OF WORK DAY)

- No restrictions for job activities required**
- Sedentary work**  
Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
- Light work**  
Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible.
- Medium work**  
Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.
- Heavy work (strenuous)**  
Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.
- Unable to perform sedentary work**
- Other:**

### PHYSICIAN'S CERTIFICATION AND SIGNATURE

**CERTIFICATION:** To the best of my knowledge, the information contained herein is accurate, complete and current.

PHYSICIAN PRINTED NAME	PHYSICIAN SIGNATURE		DATE SIGNED
PHYSICIAN ADDRESS	PHONE	FAX	MEDICAL LICENSE  Lic: #