



**JOB REQUIREMENTS (PHYSICAL TASKS)**

Provide details of the physical tasks performed by this employee.

For each activity please indicate:

ACTIVITY	N/A	TASK IS ESSENTIAL TO JOB		TASK COULD BE MODIFIED		FREQUENCY			% OF TIME ON TASK		
		Yes	No	Yes	No	Daily (D)	Weekly (W)	Monthly (M)	0-33%	34-66%	67-100%
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs and/or Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching -overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching - must lean forward or to the side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling and/or Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending and/or Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling and/or Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation and/or Gripping Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Body Motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the employee able to change body positioning as comfort requires:  Yes  No

Comments:

ACTIVITY	N/A	0-10 LBS FREQUENCY, DURATION	11-20 LBS FREQUENCY, DURATION	21-50 LBS FREQUENCY, DURATION	>50 LBS FREQUENCY, DURATION
Lifting		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift
Carrying		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift
Pushing/Pulling		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M ___ hrs/shift

To complete job tasks, lift, carry, push, or pull assistive devices are:  Required  Available  Not Required

Comments:

**JOB REQUIREMENTS (COGNITIVE TASKS)**

Provide details of the cognitive tasks performed by this employee.

For each activity please indicate:

ACTIVITY	N/A	TASK IS ESSENTIAL TO JOB		TASK COULD BE MODIFIED		FREQUENCY			% OF TIME ON TASK		
		Yes	No	Yes	No	Daily (D)	Weekly (W)	Monthly (M)	0-33%	34-66%	67-100%
Understand, remember, and carry out detailed instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain attention and concentration for extended periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform activities within a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work involves pressure to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juggle tasks and prioritize work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustain an ordinary routine without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make simple decisions or solve straightforward problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solve complex problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work alone or independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in a team or with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact with the general public or customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to frequent changes in the environment or tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in unfamiliar places or use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**JOB REQUIREMENTS (WORK ENVIRONMENT)**

Identify any specific conditions and/or environments this employee may be exposed to during work.

Location? (i.e. unregulated inside climate, outside, in vehicle, operating heavy equipment, etc.)

Hazards? (i.e. chemicals, biological agents, equipment, machinery, tools, moving objects, heights, etc.)

Discomforts? (i.e. noise, vibration, odors, non-toxic dust, exposure to marked temperature or humidity, etc.)

**OTHER INFORMATION (ACCOMMODATION)**

Before the employee stopped working, did the injury or illness cause him/her to change the following:

		Date of Change (YYYY/MM/DD)	Explanation of Change
Job Duties	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Job Performance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Use of Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Hours of Work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Has your employee had more than one job with your company?  Yes  No

If yes, list all job titles and time spent at each job:

Based on your employee's skills, please comment on any opportunity for alternate job placement within your company:

**DECLARATION AND SIGNATURE**

I hereby declare that the information provided on this form is true and complete to the best of my knowledge.

Direct Supervisor Name (please print)	
Position/Title	Phone (include area code)
Fax (include area code)	Email Address
Signature	Date (YYYY/MM/DD)