



Job Function Evaluation

07/2015
Return completed form to:
BrickStreet Insurance
P.O. Box 3151
Charleston, WV 25332-3151

Claim Number	Date of Injury
Employee Name	Company
Job Title	Job Function (provide basic description of the job duties)
Check one: <input type="checkbox"/> Pre-Injury Job <input type="checkbox"/> Alternate Job	

Work Location: <input type="checkbox"/> Indoors <input type="checkbox"/> Heated <input type="checkbox"/> Outdoors <input type="checkbox"/> Not Heated <input type="checkbox"/> Below Ground <input type="checkbox"/> Temp. Extremes <input type="checkbox"/> Elevated Areas <input type="checkbox"/> No Temp. Extremes	Personal Protective Equipment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Postures (Work is performed in which postures? Please indicate frequency.)				
Standing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Never
Sitting	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Never
Walking	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Never
Climbing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Never
Kneeling	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Never
Pushing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Never
Pulling	<input type="checkbox"/> Continuous	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Never
(6 – 8 hours a day)		(2 – 6 hours a day)		(0 – 2 hours a day)

Please indicate the extent to which the employee's job duties require the following: (N = Never, O = Occasionally, F = Frequently, C = Continuously)

Lifting / Carrying	N	O	F	C	Activity	N	O	F	C
10 lbs. or less					Bend				
11 – 20 lbs.					Squat				
21 – 40 lbs.					Kneel				
41 – 60 lbs.					Twist / Turn				
61 – 100 lbs.					Climb				
Pushing / Pulling					Crawl				
13 – 25 lbs.					Reach Above Shoulder				
26 – 40 lbs.					Type / Keyboard				
41 – 60 lbs.					Driving				
61 – 100 lbs.					Automatic				
100+ lbs.					Standard				
Upper Extremities	Yes		No		Operate foot controls or motor vehicles	Yes		No	
Simple Grasping	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	Simultaneous	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
Pushing / Pulling	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Work Schedule:	Number/Length of Breaks
Comments:	

Completed By	Title	Date
Physician Release to perform these duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Release	Physician Signature: