

Employee name	Claim number	Date of injury
Job title	Check one <input type="checkbox"/> Pre-injury job <input type="checkbox"/> Alternate job	Work location
Job duties		
Personal protective equipment required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work environment	<input type="checkbox"/> Indoors	<input type="checkbox"/> Below ground	<input type="checkbox"/> Heated	<input type="checkbox"/> Temp. extremes
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Elevated areas	<input type="checkbox"/> Not heated	<input type="checkbox"/> No temp. extremes

Please indicate the extent to which the employee's job duties require the following:

Standing	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Sitting	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Walking	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Climbing	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Kneeling	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
	>67% of workday	34% - 66% of workday	6% - 33% of workday	<5% of workday	0% of workday

(C - Constantly = greater than 67% F - Frequently = 34% to 66% O - Occasionally = 6% to 33% R - Rarely = Less than 5% N - Never = 0%)

Lifting/carrying	C	F	O	R	N	Pushing/pulling	C	F	O	R	N
5 lbs. or less						5 lbs. or less					
5-10 lbs.						5-10 lbs.					
11-20 lbs.						11-20 lbs.					
21-40 lbs.						21-40 lbs.					
41-60 lbs.						41-60 lbs.					
61-100 lbs.						61-100 lbs.					
100+ lbs.						100+ lbs.					
Activity						Driving					
Bend						Automatic drive					
Squat						Standard drive					
Twist/turn						Upper extremities	Yes		No		
Crawl						Simple grasping	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Reach above shoulder						Pushing/pulling	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Type/keyboard						Operate foot controls	Yes		No		
Joystick/hand controls							<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Vibration						Simultaneous	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Work hours	Number/length of breaks
Comments	

Employer contact	Title	Date
Physician release to perform these duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of release	Physician signature