



Employee: _____ Plan #: _____

Social Security #: _____ LTD Claim #: _____

1. Job title and detailed job description of duties:

2. Required education and training:

3. In an average workday, employee is required to (hours per day):

• Sit	1	2	3	4	5	6	7	8	9	10 or more
• Stand	1	2	3	4	5	6	7	8	9	10 or more
• Walk	1	2	3	4	5	6	7	8	9	10 or more
• Drive	1	2	3	4	5	6	7	8	9	10 or more

Is employee able to change positions? Never Occasionally Frequently As needed

4. In an average workday, employee must (please check):

	Not at all	Occasionally (15 min. - 2½ hr.)	Frequently (2½ hr. - 5½ hr.)	Constantly (5½ hr. +)
• Bend/stoop	_____	_____	_____	_____
• Climb ladders	_____	_____	_____	_____
• Reach outward	_____	_____	_____	_____
• Reach above shoulder	_____	_____	_____	_____
• Squat/crouch	_____	_____	_____	_____
• Crawl	_____	_____	_____	_____
• Kneel	_____	_____	_____	_____
• Balance	_____	_____	_____	_____
• Push/pull	_____	_____	_____	_____
Usual amount _____ lbs.	_____	_____	_____	_____
Max amount _____ lbs.	_____	_____	_____	_____
• Lift	_____	_____	_____	_____
Usual amount _____ lbs.	_____	_____	_____	_____
Max amount _____ lbs.	_____	_____	_____	_____
• Carry	_____	_____	_____	_____
Usual amount _____ lbs.	_____	_____	_____	_____
Max amount _____ lbs.	_____	_____	_____	_____
• Use feet for repetitive movements as in operating foot controls:				
Right <input type="checkbox"/> Yes <input type="checkbox"/> No		Left <input type="checkbox"/> Yes <input type="checkbox"/> No	Both <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Employee must use hands for repetitive action such as:

	Right		Left	
Simple grasping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firm grasping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fine manipulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Job requires

- Working at heights Yes No Explain: _____
- Operate heavy machinery Yes No What type: _____
- Operate desk machines Yes No What type: _____
- Perform manual dexterity Yes No Explain: _____
- Exposed to marked changes in temperature and humidity Yes No Explain: _____
- Exposed to dust, fumes, gases, chemicals Yes No Explain: _____
- Travelling Yes No Explain: _____

Non-physical aspects of job

1. Does the employee have to answer to customer complaints? Often Sometimes Not at all
2. Is the employee judged primarily on production? Most of the time Some of the time Never
3. Must the employee depend upon the assistance of others in order to accomplish daily tasks? Yes No
If yes, how often? Most of the time Some of the time

4. How many employees does this employee supervise? _____
5. How much responsibility does the employee have for the overall performance of the department? _____

6. Is this employee routinely subject to close supervision? Yes No

7. Does the employee's job consist of:
 Prescheduled activities Yes No
 Random tasks Yes No

If yes, please explain:

8. Stress level Low Moderate High Very high

Additional Comments:

Signature

Title

Date