



JOB DESCRIPTION

Specific Job Title: _____ Date last worked: _____

In terms of an 8-hour day, "occasionally" means 33%, "frequently" means 34% to 66% and "continuously" means 67% to 100% of the day.

1) In a typical 8-hour workday, I: (circle the number of hours/activity)

Sit: 1 2 3 4 5 6 7 8 hours
 Stand: 1 2 3 4 5 6 7 8 hours
 Walk: 1 2 3 4 5 6 7 8 hours

2) On the job, I lift

	N/A	Occasionally	Frequently	Continuously
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-24 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-34 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-74 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75-100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Do you have to bend over while doing any lifting? Yes No

4) Are your feet used for repetitive movements, such as in operating foot controls? Yes No

5) Do you use your hands for repetitive actions, such as:

- a. Simple Grasping Right hand Yes No Left hand Yes No
- b. Firm Grasping Right hand Yes No Left hand Yes No
- c. Fine Manipulating Right hand Yes No Left hand Yes No

6) Are you required to work on unprotected heights? Yes No

Describe: _____

7) Are you required to be around moving machinery? Yes No

Describe: _____

8) Are you exposed to marked changes in temperature and humidity? Yes No

Describe: _____

9) Are you required to drive automotive equipment? Yes No

Describe: _____

10) Are you exposed to dust, fumes and/or gases? Yes No

Describe: _____

Additional comments: _____

Patient's Signature: _____ Date: _____