

**JOB ANALYSIS / PHYSICAL REQUIREMENT FORM**

<i>Job information</i>				
JOB TITLE:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Either
Brief description of duties:				
<i>Environmental Considerations</i>				
Location/Temperature		<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Temperature Range: _____
Fumes/Dust/Gases		<input type="checkbox"/> None	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Noise Levels		<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<i>Amount and frequency of lift/carry</i>				
	Never	Occasionally (1-33%)	Frequently (34-66%)	Constantly (67-100%)
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Frequency of activities</i>				
Sitting	<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"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Frequency of movements</i>				
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><i>This job would be classified as:</i></b>
<input type="checkbox"/> Sedentary work: <i>Some walking and standing. Occasional carry/lift up to 10 lbs.</i> <input type="checkbox"/> Light work: <i>Frequently lifting/carrying 10-20 lbs.</i> <input type="checkbox"/> Medium work: <i>Frequently lifting/carrying 25-50 lbs.</i> <input type="checkbox"/> Heavy work: <i>Frequently lifting/carrying 50-100 lbs.</i> <input type="checkbox"/> Very heavy work: <i>Frequently lifting/carrying 100 lbs. or more.</i>
Other considerations not listed above:

<b>PHYSICIAN'S DETERMINATION</b>	
<i>The examining physician reviewing this form should check the appropriate box to indicate if the employee named below is physically capable of performing the job described above.</i>	
Employee name:	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> <b>NOT</b> APPROVED <i>If it is determined that the employee is not physically capable of performing this job, as described above, please fill out the attached Physical Capabilities (Fitness for Duty) form and return it to the employer with this form.</i>
<b>PHYSICIAN'S SIGNATURE</b>	
Signature	Date:
Printed name	Phone #: