## PHYSICAL DEMANDS FORM

Employee Name:			Position Title:		
Agency:			Sub Agency:		
Date Completed:			No. of Hours per Work Day:		
Completed By Supervisor:			Phone #:		
Treating Physician			Phone #:		
I. Physical Demands of Position					
Make the appropriate entry for each of the following items to describe the extent of the specific activity performed by this employee during the course of a typical work period.					
performed by t	nis employee durin None	g the course of a type of the course of the co		Constant	
			Frequent		
1 Citting	(0%)	(1-33%)	(34-66%)	(66-100%)	
1. Sitting			<del></del>		
2. Standing			<del></del>		
3. Walking			<del></del>		
4. Bending Over			<del></del>		
5. Climbing			<del></del>		
<ul><li>6. Reaching Overhead</li><li>7. Kneeling</li></ul>	d	-	<u> </u>		
<ul><li>7. Kneeling</li><li>8. Pushing or Pulling:</li></ul>			<del></del>		
a. With Legs					
b. With Arms			<del></del>		
c. With Body		-	<del></del>		
9. Lifting or Carrying:		-	<del></del>		
a. 10lbs or less					
b. 11 to 25lbs.					
c. 26 to 50lbs.					
d. 51 to 75lbs.					
e. 76 to 100lbs.		·	<del></del>		
f. Over 100lbs.		·	<del></del>		
10. Repetitive Use		·	<del></del>		
of Foot Control:					
a. Right Only					
b. Left Only		-	<del></del>		
c. Both			<u> </u>		
11. Repetitive Use of H	lands:		<del></del>		
a. <sup>'</sup> Right Only					
b. Left Only			<u> </u>		
c. Both					
12. Simple/Light Grasp	ing:				
a. Right Only	· ·				
b. Left Only				<u> </u>	
c. Both					
13. Firm/Strong Grasping:					
a. Right Only	=		<u></u>		
b. Left Only		<del></del>			
C. Both			<u> </u>		
<u> </u>					
				_	

Physical Demands (continued)	
14. Is employee required to drive a car?  If yes, please describe:	Yes No
15. Is employee required to operate heavy equipment?  If yes, please describe:	Yes No
16. Is employee exposed to dust, gas, or fumes?	YesNo
If yes, please explain:  17. Is employee exposed to marked changes in temperature or humidity?  If yes, please explain:	Yes No
I. Work Schedule Requirements  Describe the employee's specific shifts (including rotating) and/or the hours work requirements, and overtime	ked, any travel
II. Physician Comments Please complete the appropriate box below and provide comments as necessar	ry.
> I releaseto this positio	n as described above.
> I releaseto this position as describe restrictions:	d above with the following
The medical rationale for this is:	
> I am unable to releaseto this positio The medical rationale for this is:	n as describe above.
Next appointment is scheduled for:	
Physician's Signature:	Date: