

# Job Demands (Physical Requirements)



## Return to Work/Modified Duty Program

Company Name:

Name:

Job Title/Classification:

Job Description:

Job Demand	Extent	Additional Information	Medical Stability		
			NO	YES	YES with Restrcitions
<b>GENERAL</b>					
Hours per day					
Days per week					
Day Shift or Afternoon Shift					
Night Shift					
Rotating Shift					
<b>AUDIO VISUAL</b>					
Hearing					
Near Vision					
Far Vision					
Mid-range					
Peripheral vision					
Color Discrim					
Depth Percep					
<b>PSYCHOLOGICAL</b>					
Works alone					
Works closely with others					
Works under stress					
Respirator required					

# Job Demands (Physical Requirements)

Job Demand	Extent		Additional Information	Medical Stability		
	HRS	C/I/S*		NO	YES	YES with Restrictions
<b>PHYSICAL TASK</b>	HRS	C/I/S*	*Cont/Interm/Seldom			
Standing						
Sitting						
Walking						
Climbing						
Work at Heights						
Bending						
Crouching/Stooping						
Pushing/Pulling						
Twisting						
Reaching						
Lifting/Lowering						
Weights						
1-15 Lbs.						
15-30 Lbs.						
30-50 Lbs.						
Over 50 Lbs.						
Ranges						
Floor to Knuckle						
Knuckle to Shoulder						
Shoulder & Above						
Repetitive Motion						
Hand/Wrist						
Elbow/Shoulder						

# Job Demands (Physical Requirements)



## WORK CONDITIONS:

Environment:

Hazards:

Equipment:

Number hours Worker maybe work: 8 hours per day, not to exceed 40 hours per week.

\_\_\_\_\_  
Physician's Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Manager's Signature:

\_\_\_\_\_  
Date: