**Modified job description**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Worker: |  |
| Phone: |  | Address: |  |
| Fax: |  |  |
| Contact person: |  |  |
| Modified job title: |  | Phone: |  |
| Location of job: |  | SAIF claim: |  |

**Job duties:**

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| --- |
|  |
|  |
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|  |

**Tools and equipment used:**

|  |
| --- |
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|  |
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|  |  |
| --- | --- |
| Hours per day/week: |  |

**Endurance:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Seldom1-5% | Occas.6-33% | Freq.34-66% | Continuous67-100% | Total hours in work day |
| Stand |  |  |  |  |  |  |
| Walk |  |  |  |  |  |  |
| Sit |  |  |  |  |  |  |

**Physical Requirements:** Enter actual maximum weight in pounds in the box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lift** | Never | Seldom1-5% | Occas.6-33% | Freq.34-66% | Continuous67-100% |
| 1-10 lbs |  |  |  |  |  |
| 11-20 lbs |  |  |  |  |  |
| 21-50 lbs |  |  |  |  |  |
| 51-75 lbs |  |  |  |  |  |
| 76-100 lbs |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Carry** | Never | Seldom1-5% | Occas.6-33% | Freq.34-66% | Continuous67-100% |
| 1-10 lbs |  |  |  |  |  |
| 11-20 lbs |  |  |  |  |  |
| 21-50 lbs |  |  |  |  |  |
| 51-75 lbs |  |  |  |  |  |
| 76-100 lbs |  |  |  |  |  |
| >100 lbs |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Push/Pull** | Never | Seldom1-5% | Occas.6-33% | Freq.34-66% | Continuous67-100% |
| 1-10 lbs |  |  |  |  |  |
| 11-20 lbs |  |  |  |  |  |
| 21-50 lbs |  |  |  |  |  |
| 51-75 lbs |  |  |  |  |  |
| 76-100 lbs |  |  |  |  |  |
| >100 lbs |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Seldom1-5% | Occas.6-33% | Freq.34-66% | Continuous67-100% |
| Kneel |  |  |  |  |  |
| Twist |  |  |  |  |  |
| Climb |  |  |  |  |  |
| Bend |  |  |  |  |  |
| Above shoulder reach |  |  |  |  |  |
| Crawl |  |  |  |  |  |
| Crouch |  |  |  |  |  |
| Balance |  |  |  |  |  |
| Below shoulder reach |  |  |  |  |  |
| Hand (fine actions) |  |  |  |  |  |
| Hand (keyboarding) |  |  |  |  |  |
| Hand (grasping) |  |  |  |  |  |
| Foot (raise) |  |  |  |  |  |
| Foot (push) |  |  |  |  |  |

**Environment:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Inside |  | % of time |  |  | Outside |  | % of time |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Temperature extremes |  | Yes |  | No | Vibration |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Works on or around moving machinery or mechanical parts |  | Yes |  | No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***For physician to complete:***Is the worker able to perform the modified job described above and also commute\* to that job?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | Date of release: |  |

 **(Note: date of release is same as medical provider’s signature date unless specified.)**\* By “commute” we mean: can the worker tolerate either 1) driving a car, OR 2) being a passenger in a car, OR 3) utilizing public transportation (to and from work).

|  |
| --- |
| **If no, please indicate what changes are needed in order to make this job appropriate:** |
|  |
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| --- | --- | --- |
|  |  |  |
| Medical provider’s signature |  | Date |
|  |  |  |
| Print medical provider’s name |  | Phone |

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