

REGULAR JOB DESCRIPTION

Job Title at Injury: _____ Worker Name: _____
 Employer Name: _____ Claim Number: _____
 Date of Injury: _____

Job Duties (*Duties for all job tasks performed throughout the year should be included. Be as specific as possible, breaking the job down into specific tasks performed by the worker and tools/equipment used to perform the task*).

Hours per Day: _____ **Days per Week:** _____
Seasonal Work? No Yes, duration: _____

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

Personal Protective Equipment:

Boots Hardhat Gloves Glasses Hearing Other _____

ENDURANCE

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%	Total Hours At one time
Sitting						
Standing						
Walking						
Change Positions?						

PHYSICAL REQUIREMENTS

Lifting: raising and lowering an object from one level to another, includes upward pulling required to lift without assistance _____ pounds occasionally _____ pounds frequently

Carrying: transporting an object, usually holding it in the hands or arms or on the shoulder required to carry without assistance _____ pounds occasionally _____ pounds frequently

Pushing/Pulling: exerted force upon an object so the object moves away/toward the force. This is not the weight of the object, but the force used to move it.

Max push/pull force exerted to move an object: ____ lbs of force on a _____ basis
 (seldom/occasional/frequent/continuous)

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%
Kneel					
Twist of the neck					
Twist of the torso					
Climb (ladders, scaffolding, ramps, etc.)					
Climb - stairs					
Bend - at waist					
Crawl (hands/knees or hands/feet)					
Crouch (bend legs at knees in squat position)					
Balance					
Above Shoulder Reach					
Below Shoulder Reach					
Hand - Fine Actions					
Hand - Keyboarding					
Hand - Grasping					
Foot - Raise (pedal, buttons, other devices)					
Foot - Push (pedal, buttons, other devices)					

SIGNATURES

The information provided in this description, including strength and physical requirements, is based on observation of the job and is accurate to the best of my knowledge.

Employee Signature **X** _____ Date _____

Employer Representative(s):

Print Name	Title	Signature	Date

For physician to complete:

Is this job appropriate? Yes No Date of Release: _____

If not released to regular work at this time, please provide an "ANTICIPATED" DATE: _____

Medical provider's signature

Date

Print medical provider's name

Phone number