

MODIFIED JOB DESCRIPTION

Employer:	Worker:
Phone No.:	D/Birth: _____ Claim No.: _____
Fax No.: c/o SAIF 503.584.9802	Address: _____
Contact person: _____	Phone No.: _____
Modified job title: _____	
Location of job (address): _____	
Job duties: and other similar duties within physical requirements listed below.	
Tools & equip. used: _____	

ENDURANCE	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%	Additional Information	SCHEDULE	
							Hours per day	Unrestricted
Stand								
Walk								Unrestricted
Sit								

LIFT/CARRY	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%	PUSH/PULL	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
11-20 lbs.						11-20 lbs.					
21-50 lbs.						21-50 lbs.					
51-75 lbs.						51-75 lbs.					
76-100 lbs.						76-100 lbs.					

ACTIVITIES	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Cont. 67-100%
Kneel					
Twist					
Climb stairs					
Climb ladders					
Bend					
Above shoulder reach					
Below shoulder reach					
Crawl					
Crouch					
Balance					
Hand use-fine actions					
Keyboarding					
Grasping					
Foot controls					

*****FOR PHYSICIAN TO COMPLETE*****

Is the worker able to perform the modified job described above and commute* to that job?

Yes

Yes - with the following changes: _____

Date of Release: ____/____/____ (same as physician's signature date unless otherwise specified)

No - Please explain: _____

Modified work is not necessary as the worker was **released to work without restrictions** as of ____/____/____

**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)*

X _____ / ____/____

Attending physician's signature _____ Date _____

Print Name: _____

P: (____) _____ F: (____) _____

ENVIRONMENT	
% of time working	Inside ____% Outside ____%
Temperature Extremes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vibration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work around machinery/mechanical parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Return form to: SAIF Return-to-Work
Fax: 503.584.9802**