

MODIFIED JOB DESCRIPTION

Employer: _____
Phone No.: _____
Fax No.: _____ ***c/o SAIF 503.373.8020***
Contact person: _____
Modified job title: _____
Location of job (address): _____

Worker:		
D/Birth:		Claim No.:
Address:		
Phone No.:		

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	
	Stand						Hours per day	
	Walk						Days per week	
	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%
1-10 lbs.						1-10 lbs.					
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					

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

*****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: (____) _____

***Return form to:** Saif Return-to-Work
Fax: 503.373.8020