

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.: _____
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	
Stand							Hours per day	Unrestricted
Walk							Days per week	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%
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