EMPLOYEE:		SSN:				
JOB TITLE:						
PHYSICAL DEMANDS LIFTING:	OF JOB : Never 0	30-1 hr Rarely $1-5$	1hr-21/2hr Occas. 6 – 33		Cont.	
Sedentary: up to 10# Light: 10 – 20 Medium: 20 – 50# Heavy: 50 – 100# Very Heavy: 100+#						
CARRYING: Sedentary: up to 10# Light: 10 – 20# Medium: 20 – 50# Heavy: 50 – 100# Very Heavy: 100+#						
STANDING:						
WALKING:						
SITTING:						
PUSHING/PULLING:						
CLIMBING:						
KNEELING:						
CRAWLING:						
STOOPING/BENDING:						
TWISTING:						
GRASPING:						
FINGERING:						
REACHING:						
DRIVING:						
ENVIRONMENTAL HAZ Moving parts: Electrical shock: High, Exposed Places: Radiant energy: Toxic chemicals:	ZARDS:	I (Dampness: Heat: Cold: Gases: Noise:			

Dust:

Fumes:

PHYSICAL DESCRIPTION OF WORK SITE:
SUMMARY JOB DESCRIPTION: IF SO, WHY?
IS JOB MODIFIABLE? YES/NO IF SO, WHY?
RECOMMENDATION AFTER JOB ANALYSIS:
HRM APPROVAL:
TITLE: As recommended With the following modifications:

I concur that the above accurately describes the physical demands of my position duties. Employee: Date:

PHYSICIAN'S SIGNATURE DATE
I do not feel that the patient is able to perform the duties of this position because of the following reasons:
PHYSICIAN'S SIGNATURE DATE