PHYSICAL DEMANDS FORM

Employee Name:				Position Title:		
Agency:				Sub Agency:		
Date Completed:				No. of Hours per Work Day:		
Completed By Supervisor:				Phone #:		
Treating Physician				Phone #:		
I. Physical Demands of Position						
Make the appropriate entry for each of the following items to describe the extent of the specific activity performed by this employee during the course of a typical work period.						
	periorified by ti	None	Occasional	Frequent	Constant	
		(0%)	(1-33%)	(34-66%)	(66-100%)	
1. 8	Sitting	(070)	(1.0070)	(8:8878)	(66 16676)	
	Standing		· · · · · · · · · · · · · · · · · · ·			
	Valking					
	Bending Over					
	Climbing					
	Reaching Overhead					
						
	(neeling			_		
	Pushing or Pulling:					
	n. With Legs					
	o. With Arms					
	: With Body					
	ifting or Carrying:					
	a. 10lbs or less					
	o. 11 to 25lbs.					
C		-	-			
C						
e		-	-			
f.						
	Repetitive Use					
	of Foot Control:					
_	n. Right Only					
	. Left Only				·	
	Both					
	Repetitive Use of Ha	ands:				
	n. Right Only					
	. Left Only					
	Both					
12. 8	Simple/Light Graspi	ng:				
_	n. Right Only					
	. Left Only				-	
-	c. Both				<u> </u>	
13. Firm/Strong Grasping:						
а	n. Right Only					
b	. Left Only					
	c. Both					
					_	

Physical Demands (continued)	
	Yes No
If yes, please describe: 15. Is employee required to operate heavy equipment? If yes, please describe:	Yes No
16. Is employee exposed to dust, gas, or fumes?	YesNo
If yes, please explain: 17. Is employee exposed to marked changes in temperature or humidity? If yes, please explain:	Yes No
I. Work Schedule Requirements Describe the employee's specific shifts (including rotating) and/or the hours work requirements, and overtime	ked, any travel
II. Physician Comments	
Please complete the appropriate box below and provide comments as necessar	y.
> I releaseto this positio	n as described above.
> I releaseto this position as described restrictions:	d above with the following
The medical rationale for this is:	
> I am unable to releaseto this position. The medical rationale for this is:to this position.	n as describe above.
Next appointment is scheduled for:	
Physician's Signature:	Date: