

JOB/DUTIES DESCRIPTION

PAGE 1 of 2

EMPLOYER TO COMPLETE AND SUBMIT TO PHYSICIAN

Injured worker name: _____ Claim no.: _____

Occupation/Job title: _____

General description of the injured worker's usual job duties: _____

Describe other job duties the injured worker may perform: _____

We can provide modified duty for this injured worker: *(circle one)* Yes No Possibly

Does the injured worker drive or operate heavy machinery? *(circle one)* Yes No

If yes, please describe, including the use of hand and/or foot controls.

Please circle the physical requirements of the injured worker's job.

Lifting/carrying requirements *(circle one for each weight group)*

0 to 10 lbs	Never	Occasionally	Frequently	Continuously
11 to 20 lbs	Never	Occasionally	Frequently	Continuously
21 to 40 lbs	Never	Occasionally	Frequently	Continuously
41 to 60 lbs	Never	Occasionally	Frequently	Continuously
61 to 100 lbs	Never	Occasionally	Frequently	Continuously

Pushing/pulling requirements *(circle one for each weight group)*

0 to 25lbs	Never	Occasionally	Frequently	Continuously
26 to 40 lbs	Never	Occasionally	Frequently	Continuously
41 to 60 lbs	Never	Occasionally	Frequently	Continuously
61 to 100 lbs	Never	Occasionally	Frequently	Continuously
26 to 50 lbs	Never	Occasionally	Frequently	Continuously
100 plus lbs	Never	Occasionally	Frequently	Continuously

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PAGE 2 of 2

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Use of hands for simple grasping *(circle one for each hand)*

Right hand	Never	Occasionally	Frequently	Continuously
Left hand	Never	Occasionally	Frequently	Continuously

Use of hands for fine manipulation *(circle one for each hand)*

Right hand	Never	Occasionally	Frequently	Continuously
Left hand	Never	Occasionally	Frequently	Continuously

Use of feet/legs for controls *(circle one for each foot/leg)*

Right foot/leg	Never	Occasionally	Frequently	Continuously
Left foot/leg	Never	Occasionally	Frequently	Continuously

Other requirements *(circle one for each motion)*

Bending	Never	Occasionally	Frequently	Continuously
Squat/Kneel/Crawl	Never	Occasionally	Frequently	Continuously
Twist/turn	Never	Occasionally	Frequently	Continuously
Climb	Never	Occasionally	Frequently	Continuously
Reach above the shoulder	Never	Occasionally	Frequently	Continuously
Work with cold substances	Never	Occasionally	Frequently	Continuously
Work with hot substances	Never	Occasionally	Frequently	Continuously

Sitting _____ hours per day

Standing _____ hours per day

Walking _____ hours per day

Completed by: _____ Date: _____

Title: _____

Phone: _____ Email: _____