

PLEASE RETURN TO: CASE MANAGER NAME  
 FAX: CASE MANAGER FAX NUMBER

EMPLOYEE NAME:	JOB DESCRIPTION:
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HIRE DATE: \_\_\_\_\_ FULL TIME  PART TIME  SEASONAL   
 HOURS/WEEK: \_\_\_\_\_ DAYS/WEEK: \_\_\_\_\_ SHIFT: \_\_\_\_\_ HOURS/SHIFT: \_\_\_\_\_

**HOURS PER DAY :**

	<b>REPETITIVE HAND MOTION</b>	<b>REPETITIVE FOOT MOTION</b>
	<b>R      L</b>	
<b>SITTING:</b> _____	<b>LIGHT GRASPING</b> _____	<b>RIGHT ONLY</b> _____
<b>STANDING</b> _____	<b>STRONG GRASPING</b> _____	<b>LEFT ONLY</b> _____
<b>WALKING</b> _____	<b>FINE DEXTERITY</b> _____	<b>BOTH</b> _____
<b>DRIVING</b> _____	<b>KEYBOARDING</b> _____	

**PHYSICAL ACTIVITIES**

	RARELY	INFREQUENT	OCCASIONAL	FREQUENT	REPETITIVE / CONSTANT	ESSENTIAL FUNCTIONS	NON- ESSENTIAL FUNCTIONS	MARGINAL FUNCTIONS
	0 HRS.	UP TO 3 HRS.	3 TO 5 HRS.	5 TO 8+ HRS.				
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift / Carry 0-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift / Carry 11-25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift / Carry 26-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift / Carry 51-75 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift / Carry 76-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift / Carry > 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYER: What type of Modified Duty is available for this Employee:

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The information in this document was obtained from sources we believed to be reliable, but the document does not address every acceptable or possible procedure or regulation applicable to your business. Abnormal or unusual situation may warrant development of a different or additional procedure. Keep in mind that we cannot and do not in any way undertake to provide you with legal advice, any assurance of regulatory compliance, nor to assume your legal obligations to your employees or others. Those remain your responsibilities.