

SECTION 1 – Injured employee's information

| | | |
|---|---------------------------------|------------------|
| Claim number | Injured employee's (First name) | (Last name) |
| Average hours worked per day | Job title | Employer contact |
| What impact will the injury have on the injured employee's ability to get to work or perform regular duties in the usual way? | | |
| List essential job functions | | |

SECTION 2 – Physical requirements assessment

| Not Performed (NP) | Rare (R) = 1-5% | Occasionally (O) = 6-33% | Frequently (F) = 34-66% | Constantly (C) = 67-100% | | |
|---|--------------------------------|-----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|
| Note: Frequencies are based on an 8-hour workday | | | | | | |
| Hours may be required to sit | Hours may be required to stand | | Hours may be required to walk | | | |
| Employee must be able to lift/carry | 0 – 10 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 11 – 20 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 21 – 50 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 51 – 100 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| Employee must be able to lift overhead | 0 – 10 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 11 – 20 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 21 – 50 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 51 – 100 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| Employee must be able to push/pull | 0 – 10 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 11 – 20 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 21 – 50 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | 51 – 100 lbs | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| Employee must be able to | Bend | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Crawl | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Kneel | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Squat | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Reach above head | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Work at heights | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Drive a vehicle | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Twist | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Climb | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| Repetitive motion | Light grasping | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Forceful grasping | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| | Fine dexterity | <input type="checkbox"/> NP | <input type="checkbox"/> R | <input type="checkbox"/> O | <input type="checkbox"/> F | <input type="checkbox"/> C |
| Environmental considerations (Example: hot/cold temperatures, vibration, chemical exposure, noise exposure) | | | | | | |
| Equipment used (Example: tools, machinery, equipment) | | | | | | |
| Additional comments | | | | | | |

SECTION 3 – Signature

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|