



Job Demands (Physical Requirements)

Company Name

Return-to-Work/Modified Duty Program

Name:	
Job Title/Classification:	
Job Description:	

JOB DEMAND	EXTENT	ADDITIONAL INFORMATION	MEDICAL SUITABILITY		
			NO	YES	YES With Restrictions
GENERAL					
Hours per day					
Days per week					
Day Shift or Afternoon shift					
Night Shift					
Rotating Shift					
AUDIO VISUAL					
Hearing					
Near Vision					
Far Vision					
Mid-range					
Peripheral vision					
Color Discrim					
Depth Percep					
PSYCHOLOGICAL					
Works alone					
Works closely with others					
Works under stress					
Respirator required					

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PHYSICAL TASK	HRS	C/I/S*	*Cont/Interm/Seldom			
Standing						
Sitting						
Walking						
Climbing						
Work at Heights						
Bending						
Crouching/Stooping						
Pushing/Pulling						
Twisting						
Reaching						
Lifting/Lowering						
Weights						
1-15 Lbs.						
15-30 Lbs.						
30-50 Lbs.						
Over 50 Lbs.						
Ranges						
Floor to Knuckle						
Knuckle to Shoulder						
Shoulder & Above						
Repetitive Motion						
Hand/Wrist						
Elbow/Shoulder						

WORK CONDITIONS:

Environment:

Hazards:

Equipment:

Number hours Worker may work: 8 hours per day, not to exceed 40 hours per week.

Physician's Signature

_____ Date _____

| Managers Signature

_____ Date _____