

# MODIFIED JOB DESCRIPTION

Employer: \_\_\_\_\_ Worker: \_\_\_\_\_  
 Phone/fax number(s): \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Modified job title: \_\_\_\_\_ Claim number: \_\_\_\_\_  
 Location of job: \_\_\_\_\_  
 Job duties: \_\_\_\_\_

Tools & Equipment Used: \_\_\_\_\_

Hours per day/week: \_\_\_\_\_

## ENDURANCE

	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Continuous 67-100%	Total Hours in a work day
Sitting						
Standing						
Walking						

## PHYSICAL REQUIREMENTS

	Lift						Carry						Push/Pull						
	Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Cont 67-100%		Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Cont 67-100%		Never	Seldom 1-5%	Occas. 6-33%	Freq. 34-66%	Cont 67-100%		
1-10 lbs						Bend/Stoop						1-10 lbs						<input type="checkbox"/> Inside _____ % of time	<input type="checkbox"/> Outside _____ % of time
11-20 lbs						Twist						11-20 lbs						Temperature Extremes <input type="checkbox"/> Yes <input type="checkbox"/> No	
21-50 lbs						Crouch/Squat						21-50 lbs						Vibration <input type="checkbox"/> Yes <input type="checkbox"/> No	
51-75 lbs						Kneel						51-75 lbs						Works on or around moving machinery or mechanical parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
76-100 lbs						Crawl						76-100 lbs							
						Walk-level surface						>100 lbs							
						Walk-uneven surf.													
						Climb Stairs													
						Climb Ladder													
						Work at Heights													
						Reach at/above shoulder													
						Reach below shoulder													
						Use of Arms													
						Use of Wrist													
						Use of Hands													
						Grasping/Squeezing													
						Operate Foot Controls													

### Environment:

Inside \_\_\_\_\_ % of time  Outside \_\_\_\_\_ % of time  
 Temperature Extremes  Yes  No  
 Vibration  Yes  No  
 Works on or around moving machinery or mechanical parts  
 Yes  No

### For physician to complete:

Is the worker able to perform the modified job described above and also commute\* to that job?

Yes  No Date of Release: \_\_\_\_\_ (Note: Date of release is same as Physician's Signature Date unless specified)

\*By "commute" we mean: can the worker tolerate either 1) driving a car, OR 2) being a passenger in a car, OR 3) utilizing public transportation (to and from work)

**If no, please indicate what changes are needed in order to make this job appropriate:**

\_\_\_\_\_  
 Physician's Signature Date

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_