THE REMAINDER OF THIS SUBMISSION IS TO BE COMPLETED BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR FOREMAN

F. DISABILITY / REHABILITATION

When did the employee's disability first appear to affect his/her work? (MM/DD/YY)

In what ways did performance on the job change as a result of the disability?

Were any changes made in the employee's job duties as a result of the disability? ☐ Yes ☐ No

If yes, please explain what the changes were and when they were made:

If the employee could return to work part-time or less demanding work, would such work be available? ☐ Yes ☐ No

If no, please explain:

G. JOB INFORMATION

Employee's job title as of last day worked

How long has the employee worked in this position?
Years Months

What are the duties in this job, and what percentage of time does each take per week?

Duties	Percentage of time per week

Work Environment: Does the employee's job require work in any of the following conditions?

	YES	NO	% of TIME
outside?	☐	☐	
in extreme cold or heat?	☐	☐	
in a damp or humid environment?	☐	☐	
in a noisy environment?	☐	☐	
in a dusty or unventilated environment?	☐	☐	
in toxic fumes?	☐	☐	

Does the job involve handling chemicals? If so, please list:

When completing the sections regarding "Strength" and "Mobility", please check the space that appropriately describes the **percentage of time** that the employee is engaged in the task during the course of their **normal** routine.

Strength: Does the job require the employee to lift or carry:

	N/A	1-25%	25-50%	50-75%	75-100%
up to 50 lbs / 22.7 Kg?	☐	☐	☐	☐	☐
up to 20 lbs / 9.1 Kg?	☐	☐	☐	☐	☐
up to 10 lbs / 4.5 Kg?	☐	☐	☐	☐	☐

Communication: How much of the employee's time is spent:

talking? _____ %

writing? _____ %

supervising other people? _____ %

Mobility: Does the job involve:

		N/A	1-25%	25-50%	50-75%	75-100%
walking?		☐	☐	☐	☐	☐
climbing?		☐	☐	☐	☐	☐
driving:	Daytime?	☐	☐	☐	☐	☐
	Nightime?	☐	☐	☐	☐	☐
reaching:	above shoulder height?	☐	☐	☐	☐	☐
	at shoulder height?	☐	☐	☐	☐	☐
	below shoulder height?	☐	☐	☐	☐	☐
bending or crouching?		☐	☐	☐	☐	☐
kneeling or crawling?		☐	☐	☐	☐	☐

Endurance: Please check the time frame which most accurately reflects the amount of time the employee is required to maintain the following activities before changing position or activity.

	Sitting at	Standing at	Driving at
0 - 30 minutes	☐	☐	☐
30 - 60 minutes	☐	☐	☐
60 - 90 minutes	☐	☐	☐
more than 90 minutes	☐	☐	☐

Please specify the total hours that would be spent in an average day:

	Sitting	Standing	Driving
0 - 2 hours	☐	☐	☐
2 - 4 hours	☐	☐	☐
4 - 6 hours	☐	☐	☐
6 - 8 hours	☐	☐	☐

Equipment Use: Please list any office machines, tools, or other equipment that the employee uses in this job. You may provide your response in terms of the number of times the equipment is used per day or the percentage of time spent using the equipment, whichever is more applicable.

Type of Equipment	Times / Day	Percentage of Time

DECLARATION

I HEREBY DECLARE THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE ACCURATE AND COMPLETE.

Authorized Signature: _____ Date: _____

Name (please print): _____ Title: _____

Phone: _____ Email: _____

Clear