PHYSICAL DEMANDS ANALYSIS WORKSHEET

CLAIMANT NAME	POLICY NUMBER	CERTIFICATE NUMBER
JOB TITLE	JOB LOCATION	

INDICATE NUMBER OF TIMES PER DAY THE LISTED ACTIVITY IS PERFORMED:

LIFTING
(Includes pushing and pulling effort while stationary)

- ☐ 1 but less than 5 lbs. (0.5 but less than 2.3 kgs.)
- ☐ 5 but less than 10 lbs. (2.3 but less than 4.5 kgs.)
- ☐ 10 but less than 25 lbs. (4.5 but less than 11.3 kgs.)
- ☐ 25 but less than 50 lbs. (11.3 but less than 22.7 kgs.)
- ☐ 50 but less than 100 lbs. (22.7 but less than 45.4 kgs.)
- ☐ 100 lbs. and over (45.4 kgs. and over)

CARRYING
(Includes pushing and pulling effort while walking)

- ☐ 1 but less than 5 lbs. (0.5 but less than 2.3 kgs.)
- ☐ 5 but less than 10 lbs. (2.3 but less than 4.5 kgs.)
- ☐ 10 but less than 25 lbs. (4.5 but less than 11.3 kgs.)
- ☐ 25 but less than 50 lbs. (11.3 but less than 22.7 kgs.)
- ☐ 50 but less than 100 lbs. (22.7 but less than 45.4 kgs.)
- ☐ 100 lbs. and over (45.4 kgs. and over)

INDICATE % OF DAY EACH ACTIVITY IS PERFORMED:

_____ % Sitting
_____ % Total Time on Feet
_____ % Standing
_____ % Walking
_____ % Legs Only (i.e. stairs)
_____ % Legs and Arms (i.e ladders)
_____ % Stooping
_____ % Other (Explain) _____

_____ % Kneeling
_____ % Inside
_____ % Outside
_____ % Working with Others
_____ % Working around Others
_____ % Working Alone

_____ % Right Finger Dexterity
_____ % Left Finger Dexterity
_____ % Right Below Shoulder - Reaching
_____ % Left Below Shoulder - Reaching
_____ % Right Above Shoulder - Reaching
_____ % Left Above Shoulder - Reaching

OCCUPATIONAL REQUIREMENTS:

	Yes	No
Far Vision	☐	☐
Near Vision	☐	☐
Depth/Perception	☐	☐
Hearing	☐	☐
Talking	☐	☐
Other (Explain) _____	☐	☐

DOES OCCUPATION INVOLVE EXPOSURE TO THESE CONDITIONS:

	Yes	No
Hazardous Machinery	☐	☐
Electrical Hazards	☐	☐
Poor Lighting	☐	☐
Wet Quarters	☐	☐
Noise	☐	☐
Cluttered Floors	☐	☐
Exposure to Burns	☐	☐
Poor Ventilation	☐	☐
Vibration	☐	☐

_____ Verified with: Supervisor's Signature

_____ Date