

PHYSICAL DEMANDS ANALYSIS

Claim Number: _____

Worker's Name: (Surname) _____ (Given Name) _____ (Initial) _____

Job Title: _____ Date _____
(Year / Month / Day) | | | | |

Employer's Name / Address and Telephone Number _____

Activities	How Often? Please Comment			
	Seldom (Not daily)	Frequent (1/3 - 2/3 of workday)	Continuous (> 2/3 of workday)	Never
Must lift or carry on occasion				
up to 10lbs/4.5kg				
20lbs/9.1kg				
50lbs/23+kg				
100+lbs/45+kg				
Must push /pull objects				
50lbs/23kg				
100lbs/45kg				
100+lbs/45+kg				
Must be able to climb ladders/poles				
Must use stairways				
Must operate self powered equipment				
Must drive a car				
Must drive a truck				
Must work standing				
Must work seated				
Must be able to walk				
50ft/15m				
300ft/90m				
longer distances on even surfaces				
longer distances on uneven surfaces				
Must be able to run				
Must be able to jump down				
Must be able to crawl				
Must be able to squat				
Must be able to kneel				
Must be able to look over both shoulders				
Must be able to work with arms above shoulders				
Must use both arms at full length				
Must do repetitive hand work				
Must use a keyboard				
Must use vibrating tools				
Must have full use of both hands				
Other				

