

Physical Performance Requirements for Initial Employment or Return to Work

EMPLOYEE NAME: _____ **POSITION:** _____

Please check (✓) the following items the employee is able to perform without restrictions

MAINTENANCE WORKER			CUSTODIAL WORKER			COOK		
Performance Responsibilities	YES	NO	Performance Responsibilities	YES	NO	Performance Responsibilities	YES	NO
Lift up to 100 lbs without help			Lift 15 to 75 lbs without help			Lift 10-29 lbs without help		
Climbing			Lift 76 lbs+ with help			Lift 30 lbs+ with help		
Push up to 10 lbs.			Push up to 10 lbs.			Bending		
Pull up to 10 lbs			Pull up to 10 lbs			Stooping		
Bending			Climbing			Twisting		
Stooping			Bending			Standing for long periods of time		
Twisting			Stooping			Hand/arm movement i.e. cutting, slicing, wiping, etc.		
Reach overhead			Twisting			Exposure to heat		
Moving of furniture			Reach overhead			Reach overhead		
Stacking of items			Walking/standing for long periods of time					
Un loading supplies			Shoveling					
Physical work in extreme conditions of heat, cold, rain			Physical work in extreme conditions of heat, cold, rain					
Carrying boxes of 20 lbs. Or more								
Use various hand tools (Shovel)								
Use poser equipment/tools (chain saw, circular saw, hammer, drill, etc.)								

_____ is able not able to return to work without restrictions on _____.
Employee's Name _____ Date _____

Doctor's Signature: _____ Date: _____

NOTES:

1. See Procedure 03.124 AP.21 for the waiver form addressing use of sick leave versus workers' compensation benefits.
2. Following return from injury or illness, bus drivers must complete the forms coded 06.22 AP.2.

Review/Revised:7/25/06