

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

INSTRUCTIONAL ASSISTANT			CHILDCARE WORKER			LUNCHROOM MONITOR		
Performance Responsibilities	YES	NO	Performance Responsibilities	YES	NO	Performance Responsibilities	YES	NO
Lift/carry 50 lbs+ without help			Lift/carry 50 lbs+ without help			Lift/carry 10-29 lbs+ without help		
Climbing			Climbing			Lift 30 lbs+ with help		
Bending			Bending			Bending		
Stooping			Stooping			Stooping		
Twisting			Twisting			Twisting		
Reach over head			Reach overhead			Standing		
Sitting on floor			Standing			Hand/arm movement (i.e. wiping)		
Standing			Twisting			Circulating the area		
Pushing			Reach overhead					
Circulating the area			Circulating the area			BUS MONITOR	YES	NO
Moving small furniture			Sweeping/mopping			Lift/carry 50 lbs+ without help *ability to carry/drag students		
			Moving small furniture			Bending		
						Stooping		
						Twisting		
						Hand/Arm movement -*open/close service door		
						Foot movement -*reaction time from the Accelerator to Brake 10 times in 10 seconds		
						Ability to climb and descend steps		

_____ is able not able to return to work without restrictions on _____.

Employee's Name

Date

Doctor's Signature: _____

Date: _____