

## Physical Job Requirement Form (Supervisor)

Name of Employee: _____		Social Security (last 4 digits): _____			
Department: _____			Date of Injury: _____		
The following information has been furnished by the City of Laredo on the following date: _____					
Modified Duty Available Position: _____					
<b>Instructions to Supervisor:</b> Please mark the indicated column with an "X" on either "Yes" or "No", this would include the specific tasks the patient/employee is allowed to perform as part of his/her duties.					
<b>Supervisor is to Determine:</b>					
<b>Requirements</b>	<b>Yes</b>	<b>No</b>	<b>Requirements</b>	<b>Yes</b>	<b>No</b>
Heavy Lifting, 45 lbs. & up			Heavy Carrying, 45 lbs. & up		
Moderate Lifting 15-45 lbs.			Moderate Carrying, 15-45 lbs.		
Light Lifting, up to 15 lbs.			Light Carrying, up to 15 lbs.		
Straight Pulling			Pulling Hand over Head		
Pushing			Repeated Bending		
Reaching Above the Shoulders			Simple Grasping		
Dual Simultaneous Grasping			Walking		
Standing			Sitting		
Twisting			Climbing Stairs		
Stooping			Climbing Ladders		
Operating Mechanical Equipment Specify: _____			Operating Office Equipment Specify: _____		
Hearing			Speaking		
Depth Perception Needed			Ability to Type		
Ability to See			Ability to Write		
Ability to Read			May Operate a Motor Vehicle		
Must be able to intervene with individuals in combative or aggressive situations in an emergency.					
Must be able to perform Cardiovascular Pulmonary Resuscitation (CPR) in an emergency					
Other Activities Specified by Physician: _____					
Other: _____					
_____ <b>Supervisor's Name (Please Print)</b>		_____ <b>Supervisor's Signature</b>		_____ <b>Date</b>	
Please Specify any Additional Restrictions to Duty: _____					
_____					