



JOB FUNCTION EVALUATION FORM

[Employer Name: _____]
 [Fax Number: _____]

Physical Abilities Summary

Mark the appropriate box for each of the following items to describe the extent to which the specific activity can be performed, and fax the completed form to the above fax number.

Activity	Frequency				Activity	Frequency			
	N	O	F	C		N	O	F	C
Lift/Carry					Twist/Turn				
10 lbs. or less					Climb				
11-20 lbs.					Crawl				
21-50 lbs.					Reach Above Shoulder				
51-100 lbs.					Reach Outward				
100+ lbs.					Handling/Fingering				
Push/Pull					Stand				
12 lbs. or less					Walk				
13-25 lbs.					Drive				
26-40 lbs.					• Automatic				
					• Standard				
Bend									
Squat/Kneel					Type/Keyboard				

Key:
 N = Never
 O = Occasionally; 1-33% of the time
 F = Frequently; 34-66% of the time
 C = Constantly; 67-100% of the time

Physician Signature: _____

Physician Name: _____ Date: / /