



### JOB DEMANDS QUESTIONNAIRE

Your physiotherapist has been asked by WorkSafeBC to determine what your job involves physically. Your physiotherapist has been asked to contact your employer and confirm the functional demands of your job, and to determine with your employer what opportunities there are for a full or graduated return, or if lighter duties are available. To assist in this process we request that you complete this form.

#### CLIENT INFORMATION:

Name:	DOB:	Claim #:
Job Title:	Hours per shift:	Shifts per week:
Company Name:	Company Contact:	Telephone #: Fax #:

**Brief Description/Duties of the job:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Capabilities - Please indicate only one response per item:

- Walking**       Short distance only       Prolonged       Other \_\_\_\_\_
- Standing**       0-15 min       15-30 min       More than 30 min      Frequency/Comments \_\_\_\_\_
- Sitting**       0-30 min       30-60 min       More than 1 hour      Frequency/Comments \_\_\_\_\_
- Lifting floor to waist**       0-10 kg       10-25 kg       More than 25 kg      Frequency/Comments \_\_\_\_\_
- Lifting waist to shoulder**       0-10 kg       10-25 kg       More than 25 kg      Frequency/Comments \_\_\_\_\_
- Lifting above shoulder**       0-10 kg       10-25 kg       More than 25 kg      Frequency/Comments \_\_\_\_\_
- Stair climbing**       None       2-3 steps       Short flight       Multiple flights       Carrying loads
- Ladder climbing**       None       2-3 steps       4-6 steps       Long ladders       Carrying loads

#### Duties and Tasks

- Bending forward or twisting**       Yes       No      Duration/comments \_\_\_\_\_
- Squatting or kneeling**       Yes       No      Duration/comments \_\_\_\_\_
- Exposed to vibration**       Yes       No      Duration/comments \_\_\_\_\_
- Repetitive movement**       Yes       No      Type of activity \_\_\_\_\_

I consent to contacting my employer to discuss Return to Work: SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_