

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 40 lbs+ without help			Lift/carry 40 lbs+ without help			Lift/carry 10-29 lbs+ without help		
Climbing			Climbing			Lift 30 lbs+ with help		
Bending			Bending			Bending		
Stooping			Stooping			Stooping		
Twisting			Sitting on floor			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		
			Moving small furniture			*ability to carry/drag students		
						Carry/drag 100 lbs		
						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: _____

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/COMPUTER TECHNICIAN			CUSTODIAL WORKER			COOK		
Performance Responsibilities	YES	NO	Performance Responsibilities	YES	NO	Performance Responsibilities	YES	NO
Lift up to 75 lbs without help			Lift 0 to 40 lbs without help			Lift 10-29 lbs without help		
Climbing			Lift 40 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					
Unloading supplies			Shoveling					
APPLIES TO MAINTENANCE WORKERS ONLY:			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:11/28/11