Job Analysis Form

Alternate Format Available



SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS

http://www.kingcounty.gov/employees/HumanResources/SafetyClaims/JobAnalysis/analyses.aspx

| Physical Required: General physical, Diabetes, BP, Vision, and Back strength and lifting. | Exposures: |
|---|--|
| PATIENT NAME: | <u>X</u> _Outside weather <u>Non-weather related</u> temp below 55 ⁰ <u>Non-weather related</u> temp above 75 ⁰ <u>X</u> _Humidity/dampness <u>Moving mechanical parts</u> <u>X</u> _Exposed high places <u>X</u> _Vibration <u>X</u> _Toxic or caustic chemicals <u>Confined spaces</u> <u>X</u> _Wet <u>X</u> _Gasses <u>X</u> _Wet <u>X</u> _Gasses <u>X</u> _Wet <u>X</u> _Gasses <u>X</u> _Wet <u>X</u> _Odors <u>X</u> _Dusts <u>X</u> _Mists <u>Radiation</u> <u>Explosives</u> <u>Noise Level</u> <u>Other</u> <u>Special Requirements:</u> |
| | □ CDL □ Respirator use |

***Continued on next page.

| PHYSICAL DEMAND | HRS PER SHIFT | PHYSICAL DEMAND | HRS PER SHIFT |
|--------------------------|-------------------|------------------------------------|----------------|
| Standing | 15 min – 1 hour | Reaching knee-waist | 0 – 30 minutes |
| Walking uneven terrain | 2 – 4.5 hours | Reaching floor-knee | 0 – 15 minutes |
| Sitting | 2 – 7 hours | Lifting/Carrying 1-10# | 0 – 5 minutes |
| Climbing stairs | 30 min -1.5 hours | Lifting/Carrying 11-20# | 0 – 5 minutes |
| Climbing <u>Ladder</u> | 0 – 20 minutes | Lifting/Carrying 21-50# | 0 – 5 minutes |
| Balancing | 0 – 30 minutes | Lifting/Carrying 51-100# | 0 – 5 minutes |
| Bending/Stooping | 0 – 15 minutes | Lifting/Carrying 100+# | 0 |
| Kneeling | 0 | Handling | 4 – 6 hours |
| Crouching | 0 – 15 minutes | Hand Controls | 0 – 1.5 hours |
| Crawling | 0 | Fingering keyboarding | 0 |
| Foot controls | 0 – 1.5 hours | Vision to assure safety of others | 0 |
| Reaching above shoulders | 0 – 15 minutes | Hearing to assure safety of others | 0 |
| Reaching waist-shoulder | 1.5 – 5 hours | Other | |

I have reviewed the following Job Analysis for the above-named candidate.

Physician's Signature

Date