

JOB DEMANDS QUESTIONNAIRE



Return to Play
Physiotherapy

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	<input type="checkbox"/> Short distance only	<input type="checkbox"/> Prolonged	<input type="checkbox"/> Other _____	
Standing	<input type="checkbox"/> 0-15 min	<input type="checkbox"/> 15-30 min	<input type="checkbox"/> More than 30 min	Frequency/Comments _____
Sitting	<input type="checkbox"/> 0-30 min	<input type="checkbox"/> 30-60 min	<input type="checkbox"/> More than 1 hour	Frequency/Comments _____
Lifting floor to waist	<input type="checkbox"/> 0-10 kg	<input type="checkbox"/> 10-25 kg	<input type="checkbox"/> More than 25 kg	Frequency/Comments _____
Lifting waist to shoulder	<input type="checkbox"/> 0-10 kg	<input type="checkbox"/> 10-25 kg	<input type="checkbox"/> More than 25 kg	Frequency/Comments _____
Lifting above shoulder	<input type="checkbox"/> 0-10 kg	<input type="checkbox"/> 10-25 kg	<input type="checkbox"/> More than 25 kg	Frequency/Comments _____
Stair climbing	<input type="checkbox"/> None	<input type="checkbox"/> 2-3 steps	<input type="checkbox"/> Short flight	<input type="checkbox"/> Multiple flights <input type="checkbox"/> Carrying loads
Ladder climbing	<input type="checkbox"/> None	<input type="checkbox"/> 2-3 steps	<input type="checkbox"/> 4-6 steps	<input type="checkbox"/> Long ladders <input type="checkbox"/> Carrying loads

Duties and Tasks

Bending forward or twisting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration/comments _____
Squatting or kneeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration/comments _____
Exposed to vibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration/comments _____
Repetitive movement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of activity _____

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

