

# RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII

## JOB PHYSICAL ANALYSIS FORM

**CONFIDENTIAL**

**Instructions:** Please complete this Job/Physical Analysis Form as accurately as possible. This information will be used by an examining physician to determine any physical limitations or restrictions that may require accommodations and/or modifications to perform the duties of the job. This information may also be used by an examining physician as a description of the physical demands associated with the job for post-offer physical examinations.

Employee Name: _____	Project Name: _____
Job Title: _____	<b><i>Employee's Job Description is Attached for Review</i></b>
FTE: _____	Number of Hours Worked Per Day: _____
	Number of Hours Worked Per Week: _____

**SECTION 1 - PHYSICAL DEMANDS** (to be filled out by Principal Investigator/Supervisor)

Motion	Range of Hours/Day Performing Motion	Comments	Physician's Section ABLE:	UNABLE:
Sitting			<input type="checkbox"/>	<input type="checkbox"/>
Standing			<input type="checkbox"/>	<input type="checkbox"/>
Walking			<input type="checkbox"/>	<input type="checkbox"/>
Walking on Uneven Terrain			<input type="checkbox"/>	<input type="checkbox"/>
Driving			<input type="checkbox"/>	<input type="checkbox"/>
Keyboarding (typing/data entry)			<input type="checkbox"/>	<input type="checkbox"/>
Bending*			<input type="checkbox"/>	<input type="checkbox"/>
Squatting*			<input type="checkbox"/>	<input type="checkbox"/>
Twisting*			<input type="checkbox"/>	<input type="checkbox"/>
Rotation*			<input type="checkbox"/>	<input type="checkbox"/>
Crawling		Distance:	<input type="checkbox"/>	<input type="checkbox"/>
Reaching		Distance:	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling		Duration:	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	<input type="checkbox"/> 10 lbs. or less <input type="checkbox"/> 11 – 25 lbs. <input type="checkbox"/> 26 – 50 lbs. <input type="checkbox"/> 51 – 75 lbs. <input type="checkbox"/> 76 – 100 lbs. <input type="checkbox"/> Over 100 lbs.	Object/Frequency/Distance:	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling		Distance:	<input type="checkbox"/>	<input type="checkbox"/>
Climbing/Balancing		Distance:	<input type="checkbox"/>	<input type="checkbox"/>
Stair Climbing		Distance:	<input type="checkbox"/>	<input type="checkbox"/>

**Physician's Section: If the employee is released to "LIGHT DUTY", please indicate:**

Full-Time    Part-Time   \*Number of Hours Per Day: \_\_\_\_\_   \*Number of Hours Per Week: \_\_\_\_\_

**SECTION 2 – ENVIRONMENTAL CONDITIONS (include comments):**

Condition	Comments	Condition	Comments
<input type="checkbox"/> Inside		<input type="checkbox"/> Outside	
<input type="checkbox"/> Fumes		<input type="checkbox"/> Odors	
<input type="checkbox"/> Cold		<input type="checkbox"/> Heat	
<input type="checkbox"/> Noise		<input type="checkbox"/> Vibration	
<input type="checkbox"/> Altitude		<input type="checkbox"/> Temperature Extremes	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

**SECTION 3 - SUBSTANCE EXPOSURES:**

<input type="checkbox"/> Lead	<input type="checkbox"/> Gases	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Radiation (including Microwave)
<input type="checkbox"/> Dust	<input type="checkbox"/> Paints	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Other:
<input type="checkbox"/> Thinners	<input type="checkbox"/> Solvents	<input type="checkbox"/> Cutting Oils	<input type="checkbox"/> Other:

**SECTION 4 - REQUIRED PROTECTION USED NOW:**

<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Gloves	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other:
<input type="checkbox"/> Goggles	<input type="checkbox"/> Steel-Toe Shoes	<input type="checkbox"/> Clothing (Type):	<input type="checkbox"/> Other:
<input type="checkbox"/> Earplugs	<input type="checkbox"/> Mask	<input type="checkbox"/> Respirator (Type):	<input type="checkbox"/> Other:

**SECTION 5 - HAZARDS (based on HAZCOM Program) Attach applicable Safety Data Sheet (MSDS) of hazardous chemicals/materials.**

**SECTION 6 - PHYSICAL REQUIREMENTS:**

Requirement	Comments	Condition	Comments
<input type="checkbox"/> Working in Elevation	_____ (feet above sea level)	<input type="checkbox"/> Exposure to Foreign Body (explain)	
<input type="checkbox"/> Breathing (High Altitude)	_____ (feet above sea level)	<input type="checkbox"/> Vision (select those that apply in comments box)	<input type="checkbox"/> 20/40 or better <input type="checkbox"/> Depth Perception <input type="checkbox"/> Full Field <input type="checkbox"/> Color
<input type="checkbox"/> Breathing (Respirator)		<input type="checkbox"/> Must meet DOT Requirements	Provide attachment with requirements
<input type="checkbox"/> Hearing	<input type="checkbox"/> Must hear quiet conversation <input type="checkbox"/> Must hear in both ears to localize source of sound	<input type="checkbox"/> Special Condition (describe)	

**SECTION 7 - EQUIPMENT:**

Equipment	Comments	Equipment	Hours/Days
<input type="checkbox"/> Operates Vehicle (type of vehicle):		<input type="checkbox"/> Power Tools	_____/____
<input type="checkbox"/> Other:		<input type="checkbox"/> Air Tools	_____/____
<input type="checkbox"/> Other:		<input type="checkbox"/> Hand Tools	_____/____

**SECTION 8 - PHYSICIAN'S COMMENTS (Describe any limitations or restrictions –attach additional sheet if necessary):**

**SECTION 9 - APPROVALS**

REVIEWED BY PRINCIPAL INVESTIGATOR (Print Name): \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED/ACKNOWLEDGED BY EMPLOYEE (Print Name): \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I have reviewed Sections 1-7 and Approve / Disapprove (circle one) this individual to perform this job based on the physical examination I performed.*

**PHYSICIAN'S APPROVAL (Print Name):** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

The Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.