

Temporary Light / Modified Duty Job Analysis Form

I. General Information			
Injured Worker:		Claim Number:	
Employer Name:		Date of Injury	
Job Title:		Date:	
Completed By:			
Specific Tasks:			
Location of Work Site:			
II. Physical Demands			

Sit		Consecutive minutes / hours at a time		Total minutes / hours per day
Stand		Consecutive minutes / hours at a time		Total minutes / hours per day
Walk		Consecutive minutes / hours at a time		Total minutes / hours per day

Employee needs to alternate between sit / stand every _____ ☐ Minutes ☐ Hours

Job Limitation Analysis involves the use of (*Check all that apply*):

☐ Left - Leg / Foot
 ☐ Left - Arm / Hand
 ☐ Right - Leg / Foot
 ☐ Right - Arm / Hand
 ☐ Back

Check the amount of time the injured worker is able to perform the particular task:

	Never	Ocassionally (<33%)	Frequently (33 - 66%)	Continuously (67 - 100%)	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Wrist Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing / Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend / Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel / Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb / Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 1 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 11 - 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 21 - 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 50 - 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Task:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Task:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Distance objects are carried:

Seldom (0 - 1 hrs)	Ocassionally (1 - 3 hrs)	Frequently ((3 - 6 hrs)	Continuously (6 - 8 hrs)
1 - 5% / Day 1% = 1 time / hour	6 - 33 % / Day 10% = 4 - 6 times / hour 33% = 20 times / hour 33% = < 60 times / day	34 - 66% / Day 34% = > 20 times / hour 66% = 120 times / hour 66% = < 720 times / day	67 - 100 % / Day 67% = > 120 times / hour > 720x / day

The Job is approved for the injured worker: ☐ No ☐ Yes

Total number of hours each day the injured worker may work: _____ (If not indicated a full work shift will be assumed)

The injured worker has been informed of the above work release ☐ No ☐ Yes

Physician's Name: _____ Physician's Signature: _____
Date: _____