



Office of Human Resources

**PHYSICAL DEMANDS ANALYSIS FORM**

Employees Name:		Workers' Comp Claim No.:	
Job Title:		Date of Injury:	

1. Employee works how many hours per day? ____	How many days per week? S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/>
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2. How many hours per day is the employee required to: Sit \_\_\_\_ Stand \_\_\_\_ Drive \_\_\_\_

3. How often during the work day does the employee have to <b>Lift/Carry:</b>	1 – 10 lbs	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continually</u>
	11 – 20 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21 – 50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	51 – 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Over 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often during the work week does the employee have to <b>Push/Pull:</b>	1 – 10 lbs	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continually</u>
	11 – 20 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21 – 50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	51 – 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Over 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often must the employee perform the following: N = Never F = Frequently O = Occasionally C = Continually	Climbing ____	Crouching ____	Grasping ____
	Balancing ____	Crawling ____	Overhead lifting ____
	Bending ____	Reaching ____	Work on ladder ____
	Stooping ____	Handling ____	Feeling ____
	Kneeling ____	Fine Manipulation ____	Keying ____

6. Is repetitive use of the <b>feet</b> required?	Right: Yes <input type="checkbox"/> No <input type="checkbox"/>	Left: Yes <input type="checkbox"/> No <input type="checkbox"/>
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7. Is repetitive use of the <b>hands</b> required?	Right: Yes <input type="checkbox"/> No <input type="checkbox"/>	Left: Yes <input type="checkbox"/> No <input type="checkbox"/>
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8. Does the employee work in any environmental conditions which may be a problem (e.g. temperature extremes, hazards, moving machinery, etc.)?

9. Are you able to accommodate transitional duty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, what does it involve?

Signature:		Date:	
Title:			

Return this form to: Office of Human Resources  
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