

Disability RMS

Committed to a higher standard



PHYSICAL REQUIREMENTS FORM

Claimant's Name: _____

Job Title: _____

To assist in our understanding of the above-named claimant's pre-disability job duties, please answer the following questions:

Does the position require any of the following?

	Yes	No	If yes, please specify how often it is required:
Standing	<input type="checkbox"/>	<input type="checkbox"/>	___hrs. ___% of the time required in an avg. 8 hr. day
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	___hrs. ___% of the time required in an avg. 8 hr. day
Walking	<input type="checkbox"/>	<input type="checkbox"/>	___hrs. ___% of the time required in an avg. 8 hr. day
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	___hrs. ___% of the time required in an avg. 8 hr. day
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	___hrs. ___% of the time required in an avg. 8 hr. day

Number of Pounds Required to Lift? _____ How Often? _____ (Hours/Day)

How Often is the Following Required in an 8-Hour Day?

R = Rarely O = Occasionally F = Frequently C = Continuously

Bending _____ Squatting _____ Reaching _____
Climbing _____ Kneeling _____ Driving _____

Degree of Dexterity _____ High _____ Medium _____ Low

GENERAL REMARKS:

Signature

Title

Date