

# 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