

St. Joseph Health System

PHYSICAL DEMANDS for the POSITION of: _____

Key:

NR = Not Required

F = Frequently (34%-66% of the time)

O = Occasional (1%-33% of the time)

C = Constant (67%-100% of the time)

	Factors	NR	O	F	C	Comments
1.	Standing					
2.	Walking					
3.	Sitting					
4.	Reclining					
5.	Lifting – floor to table					
6.	Lifting – table to shoulder					
7.	Lifting – above shoulder					
8.	Lifting – by weight _____ lbs.					
9.	Carrying					
10.	Pushing					
11.	Pulling					
12.	Climbing					
13.	Balancing					
14.	Stooping / Bending					
15.	Kneeling					
16.	Crouching					
17.	Crawling					
18.	Reaching					
19.	Handling					
20.	Finger Dexterity					
21.	Feeling					
22.	Talking					
23.	Hearing					
24.	Tasting / Smelling					
25.	Vision					
26.	Depth Perception					
27.	Field of Vision					

I certify that this is an accurate statement of the position described above.

Supervisor

Date

I have read the above job description and fully understand the requirements set forth herein. I accept this position and agree to abide by the requirements set forth and will perform all duties and responsibilities to the best of my ability.

Employee

Date

