

## JOB DEMANDS QUESTIONNAIRE

Your physiotherapist has been asked by WorkSafeBC to determine what your job involves physically. Your physiotherapist has been asked to contact your employer and confirm the functional demands of your job, and to determine with your employer what opportunities there are for a full or graduated return, or if lighter duties are available. To assist in this process we request that you complete this form.

### CLIENT INFORMATION:

|   |                  |                  |
|---|------------------|------------------|
| Name:   | DOB:             | Claim #:         |
| Job Title:  | Hours per shift: | Shifts per week: |
| Currently working: <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                  |

### EMPLOYER INFORMATION:

|                 |                             |
|-----------------|-----------------------------|
| Company Name:   | Contact Name and job title: |
| Street Address: | Prov:                       |
| City:           | Postal Code:                |
| Phone number:   | Fax number:                 |

### HOW OFTEN DO YOU PERFORM ACTIVITIES.

| RARE/SELDOM  | OCCASIONAL                        | FREQUENT                           | CONSTANT/ALWAYS                   |
|--------------|-----------------------------------|------------------------------------|-----------------------------------|
| (1-5x/shift) | 11-33% of shift<br>(12-25x/shift) | 34-66% of shift<br>(26-70 x/shift) | 67-100% of shift<br>(71+ x/shift) |

| ACTIVITY                     | List the heaviest weight handled | Frequency of Work Shift |            |          |          |
|------------------------------|----------------------------------|-------------------------|------------|----------|----------|
|                              |                                  | Never                   | Occasional | Frequent | Constant |
|                              | Describe activity                |                         |            |          |          |
| Lifting below waist level    |                                  |                         |            |          |          |
| Lifting waist to shoulder    |                                  |                         |            |          |          |
| Lifting above shoulder level |                                  |                         |            |          |          |
| Two hand carrying            |                                  |                         |            |          |          |
| Pushing                      |                                  |                         |            |          |          |
| Pulling                      |                                  |                         |            |          |          |

| ACTIVITY                       | Description | Frequency of Work Shift |            |          |          |
|--------------------------------|-------------|-------------------------|------------|----------|----------|
|                                |             | Never                   | Occasional | Frequent | Constant |
| Sitting                        |             |                         |            |          |          |
| Standing                       |             |                         |            |          |          |
| Walking                        |             |                         |            |          |          |
| Running                        |             |                         |            |          |          |
| Twisting                       |             |                         |            |          |          |
| Jumping                        |             |                         |            |          |          |
| Balancing                      |             |                         |            |          |          |
| Bending                        |             |                         |            |          |          |
| Crouching                      |             |                         |            |          |          |
| Kneeling                       |             |                         |            |          |          |
| Squatting                      |             |                         |            |          |          |
| Reaching                       |             |                         |            |          |          |
| Handling/gripping-Dominant     |             |                         |            |          |          |
| Handling/gripping-Non dominant |             |                         |            |          |          |

### SHORT DESCRIPTION OF THE POSITION:

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I consent to contacting my employer to discuss return to work SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_