**Sample only:** In the Grab N Go kit, insert your company’s job description for the injured worker’s regular job held at the time of injury. This helps the treating health care provider understand your worker’s physical requirements and make a better-informed determination about return-to-work.

**Job Description**

|  |  |
| --- | --- |
| **Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Work Hours per Day:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Days per Week:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**Percent of Time Spent:**

|  |  |
| --- | --- |
|  | Comments |
| Sitting: \_\_\_\_\_% | \_\_\_\_\_\_\_\_\_\_ |
| Standing: \_\_\_\_\_% | \_\_\_\_\_\_\_\_\_\_ |
| Walking: \_\_\_\_\_% | \_\_\_\_\_\_\_\_\_\_ |

For the following:

Never 0% of time; Occasionally l % - 33% of time; Frequently 34% .66% of time; Continuously 67% - I 00% of time

**While working, the employee must:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Frequency | Comments |
| A. | Hand/Wrist Work | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| B. | Grasping | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| C. | Pushing/Pulling | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| D. | Fine Manipulation | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| E. | Reaching | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| F. | Bend | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| G. | Kneel | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| H. | Squat | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| I. | Climb | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| J. | Lift 01-10 lbs. | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  | Lift l l-20 lbs. | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  | Lift 21-50 lbs. | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  | Lift 51-70 lbs. | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

**General Description of the Job:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Essential Functions of the Job:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Types of Machines, Tools, Special Equipment:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicles or Moving Equipment Operated:** \_\_\_\_\_\_\_\_\_\_\_\_\_