



I	certify that I am able to meet the followi	ng physical profile requirements for my position.
(please print name)		
<u>Measuremer</u>	nt Criteria:	
<b>1.</b> Lifting:	<ul> <li>Light (must be able to lift 5-20 pounds).</li> <li>Moderate (must be able to lift 20-50 pounds).</li> <li>Heavy (must be able to lift weights in excess of 50 pounds).</li> </ul>	
<b>2.</b> Pushing:	<ul> <li>Light (must be able to push light objects such as an empty wheelchairs).</li> <li>Moderate (must be able to push objects such as an occupied wheelchair).</li> <li>Heavy (must be able to push an occupied motorized wheelchair).</li> </ul>	
3. Pulling:	<ul> <li>Light (must be able to pull light objects such as an empty wheelchair).</li> <li>Moderate (must be able to pull objects such as an occupied wheelchair).</li> <li>Heavy (must be able to pull an occupied motorized wheelchair).</li> </ul>	
<b>4.</b> Mobility:	<ul> <li>No mobility required for this position.</li> <li>Moderate mobility.</li> <li>Continual mobility.</li> </ul>	
5. Stair Climbing:		
	<ul> <li>No climbing.</li> <li>Must be able to climb stairs.</li> <li>Must be able to climb ladders. Must be able to climb ramps.</li> <li>Must be able to climb ramps.</li> </ul>	
6. Standing:	<ul> <li>No standing required.</li> <li>Short duration (less than 10 minutes without a break).</li> <li>Moderate duration (10-30 minutes without a break).</li> <li>Continual (more than 30 minutes without a break).</li> </ul>	
<b>7.</b> Sitting:	<ul> <li>Intermittent sitting.</li> <li>Prolonged sitting.</li> </ul>	
8. Squatting:	<ul> <li>It is not necessary to be able to bend at the knees in order to perform this job.</li> <li>It is necessary to be able to bend at the knees in order to perform this job.</li> </ul>	
9. Stooping:	<ul> <li>Ability to bend at the waist is not necessary in order to perform this job.</li> <li>Ability to bend at the waist is necessary in order to perform this job.</li> </ul>	
<b>10.</b> Reaching	ng: No reaching required. Must be able to reach above shoulder level.	
11. Fine motor skills:		
	<ul> <li>It is not necessary to have use of fine motor skills in order to perform the job duties.</li> <li>It is necessary to have use of fine motor skills in order to perform the job duties.</li> </ul>	
<b>12.</b> Sight:	<ul> <li>It is not necessary to have vision in order to perform this job.</li> <li>It is necessary to have vision in order to perform this job.</li> </ul>	
13. Communication:		
	<ul> <li>Not required to communicate with all staff or the general public.</li> <li>Must be able to communicate effectively with staff and the public.</li> </ul>	
<b>14.</b> Other:	<ul> <li>Must be able to provide maximum assistance when transferring patients.</li> <li>Other physical specifications required to do this job.</li> </ul>	
By my signature I certify that I am able to perform the above physical requirements in order to perform my job duties.		
Employee Signature:    Date:		Date:
Wit	ness Signature:	Date: