|  |  |
| --- | --- |
| http://inside.lni.wa.gov/Director/resources/GraphicIdentity/BlackPrint.png  Physician Billing Codes  Summary included in JA Review:  1038M ― Limit one per day  1028M ― Additional review, up to 5 per worker per day | **Job Analysis** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vocational Firm: | | | Worker Name: | |
| Address: | | | Claim Number: | |
| Job Title: | |
| DOT Number: | |
| Phone Number: | | | Involved Body Part(s): | |
| Job of Injury | Light Duty Position | Direct/Transferable Skills Position | | Training Goal |

|  |  |
| --- | --- |
| Job Title: | DOT Title: |
| SVP: | DOT Number: |
| SOC: | Type of Industry: |

|  |  |
| --- | --- |
| Analyst: | Source: |
| Assigned VRC: | Contact Name and Title: |
| Date: | Contact Phone Number: |

|  |  |  |
| --- | --- | --- |
| Type of Analysis: | | |
| On-Site | Interview | Representative |
| Essential Functions:  1.  2.  3.  4. | | |

|  |
| --- |
| Job Qualifications and Skills: |
| Machines, Tools, Special Equipment, Personal Protective Equipment Used: |

|  |  |  |
| --- | --- | --- |
| **Physical Requirements** | | |
| **Frequency Scale** | **Strength** | **Work Pattern** |
| **N =**  Never | Sedentary | Full-Time |
| **S =** Seldom (1% ― 10%; up to 1 hour) | Light | Part-Time |
| **O =** Occasional (11% ― 33%; 1 ― 3 hours) | Medium | Seasonal |
| **F =**  Frequent (34% ― 66%; 3 ― 6 hours) | Heavy | Hours Per Day |
| **C =**  Constant (67% ― 100%; Not Restricted) | Very Heavy | Days Per Week |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Demand** | | **Frequency** | | | | | **Activity Description** |
|  | **% Time** | **N** | **S** | **O** | **F** | **C** |
| Sitting |  |  |  |  |  |  |  |
| Standing |  |  |  |  |  |  |  |
| Walking |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Demand** | **Frequency & Weight** | | | | | **Activity Description** |
| **N** | **S** | **O** | **F** | **C** |
| **Lifting**  Floor ― Waist |  | lbs. | lbs. | lbs. | lbs. |  |
| **Lifting**  Waist ― Shoulder |  | lbs. | lbs. | lbs. | lbs. |  |
| **Lifting**  Shoulder ― Overhead |  | lbs. | lbs. | lbs. | lbs. |  |
| **Carry**  Distance/Surface |  | lbs. | lbs. | lbs. | lbs. |  |
| **Pushing/Pulling**  Distance/Surface |  | lbs. | lbs. | lbs. | lbs. |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Job Demand** | **Frequency** | | | | | **Activity Description** |
| **N** | **S** | **O** | **F** | **C** |
| Perform Work on Ladders |  |  |  |  |  |  |
| Climb Stairs |  |  |  |  |  |  |
| Twisting at Neck |  |  |  |  |  |  |
| Twisting at Waist |  |  |  |  |  |  |
| Stooping/Bending |  |  |  |  |  |  |
| Squatting/Kneeling |  |  |  |  |  |  |
| Crawling |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Demand**  (**L**eft/**R**ight/**B**oth) | **Frequency** | | | | | **Activity Description** |
| **N** | **S** | **O** | **F** | **C** |
| Reach Waist to Shoulder |  |  |  |  |  |  |
| Work Above Shoulder |  |  |  |  |  |  |
| Keyboarding |  |  |  |  |  |  |
| Wrist Flexion/Extension |  |  |  |  |  |  |
| Handle/Grasp |  |  |  |  |  |  |
| Forceful Grasp |  |  |  |  |  |  |
| Fine Finger Manipulation |  |  |  |  |  |  |
| Hand Controls |  |  |  |  |  |  |
| Foot Controls |  |  |  |  |  |  |
| Repetitive Motion |  |  |  |  |  |  |
| Vibratory Tasks ― High |  |  |  |  |  |  |
| Vibratory Task ― Low |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Demand** | **Frequency** | | | | | **Activity Description** |
| **N** | **S** | **O** | **F** | **C** |
| Talking |  |  |  |  |  |  |
| Hearing |  |  |  |  |  |  |
| Visual ― Near Acuity |  |  |  |  |  |  |
| Visual ― Far Acuity |  |  |  |  |  |  |
| Visual ― Depth Perception |  |  |  |  |  |  |
| Visual ― Color Discrimination |  |  |  |  |  |  |
| Visual ― Accommodation |  |  |  |  |  |  |
| Visual ― Field of Vision |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Environmental Conditions** | | **Frequency** | | | | | | **Activity Description** | | |
| **N** | **S** | **O** | | **F** | **C** |
| Exposure to Weather | |  |  |  | |  |  |  | | |
| Extreme Cold | |  |  |  | |  |  |  | | |
| Extreme Hot | |  |  |  | |  |  |  | | |
| Wet and/or Humidity | |  |  |  | |  |  |  | | |
| Proximity to Moving Mechanical Parts | |  |  |  | |  |  |  | | |
| Exposure to Explosives | |  |  |  | |  |  |  | | |
| Noise Intensity  (see scale below) | |  | | | | | |  | | |
| 1 = Very Quiet | 2 = Quiet | | | | 3 = Moderate | | | | 4 = Loud | 5 = Very Loud |
| Atmospheric Conditions | |  |  |  | |  |  |  | | |
| Exposed Heights | |  |  |  | |  |  |  | | |
| Exposure to Electricity | |  |  |  | |  |  |  | | |
| Exposure to Toxic/Caustic Chemicals | |  |  |  | |  |  |  | | |
| Exposure to Radiation | |  |  |  | |  |  |  | | |

|  |
| --- |
| Other: |

|  |
| --- |
| Analyst’s Comments: |

|  |
| --- |
| Possible Employer Modifications: |

**Note:**

The information for this job analysis was gathered by either on-site observation, interview, and/or is representative of the labor market as indicated on page one. Additional data may have been obtained from standardized industry resources such as the DOT, GOE, COJ, OOH, WOIS, and O-NET. On occasion, practicality and feasibility prevent direct observation and/or gathering of objective, quantifiable data. For this reason, a “best estimate” may have been used.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analyst:** | | |  | **Presenting VRC:** | | |
|  |  |  |  |  |  |  |
| Vocational Consultant |  | Date |  | Vocational Consultant |  | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employer Verification:** | | |  | **Worker Verification:** (Optional) | | |
|  |  |  |  | - |  |  |
| Name |  | Date |  | Name |  | Date |

**Medical Provider**

|  |  |  |
| --- | --- | --- |
|  | I agree that the above named worker can perform the physical activities described in this job analysis and return to work. | |
| State the date worker is released to return to work if different from today’s date: |  |
|  |  | |

|  |  |
| --- | --- |
|  | I agree the above named worker can perform the described job but only with modifications as described below. |
|  | ***Comments:*** |

|  |  |
| --- | --- |
|  | Modifications noted above are needed on a:  permanent basis.  temporary basis. |
|  | The above named worker ***temporarily*** can’t perform this job based on the following physical limitations: |

|  |  |
| --- | --- |
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|  |  |  |
| --- | --- | --- |
|  | **Anticipated release date:** |  |
|  | **Treatment plan:** |  |
|  |  | |
|  | The above named worker is ***permanently*** restricted from performing the physical activities described in this job analysis based on the following physical limitation: | |

|  |  |
| --- | --- |
|  | (State objective medical findings:) |

|  |  |
| --- | --- |
|  | Restriction based on accepted conditions on claim.  Restriction based on unaccepted conditions on claim. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Print Name |  | Signature |  | Date |

|  |  |  |
| --- | --- | --- |
| Attending Physician | Consulting Physician | Pain Program Physician |
| IME Physician | FCE Therapist | OT/PT Therapist |