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| http://inside.lni.wa.gov/Director/resources/GraphicIdentity/BlackPrint.pngPhysician Billing CodesSummary included in JA Review:1038M ― Limit one per day1028M ― 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.       |

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| --- |
| 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. |       |

|  |  |  |
| --- | --- | --- |
| **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: |

|  |  |
| --- | --- |
|  |       |

|  |  |  |
| --- | --- | --- |
|  | **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  |