

JOB DESCRIPTION DISABILITY APPLICATION

10009 108 Street NW, Edmonton, Alberta T5J 3C5 Telephone: 587-756-8631 or 1-800-763-6206 Fax: 780-441-2605 Toll-free fax: 1-855-660-2605

ab.bluecross.ca

To be completed by the employee's direct supervisor based on the regular duties performed immediately before injury or illness. Submit directly to Alberta Blue Cross, Life & Disability Services. See contact information above.											
Employer name						Group/policy number			Section		
Employee (plan member) information	n										
Last name		First	name					Middle initial			
lab atala			ID November	Farales are set at	d-t- (VVVV	MAA DD)	Chart data	£			
Job title			ID Number Employment start date (YYYY – MM – DD) Start date of curr						rrent position (YYYY – MM – DD)		
Regular work schedule				111-1-1-1-1							
Total hours worked each week	Number of hours worked each day	Usual daily hours worked From			s To						
				FIOIII			10				
lab description (regular duties)											
Job description (regular duties) Provide details of the essential tasks and activ	vities performed by t	hic ami	plovee on a regular	r or daily basis (list m	ost important	first)			Hours per o	day	
1.	The speriorine d by t		proyec on a regular	or daily busis (list III	- Inportant						
2.											
3.											
4.											
5.											
6.											
								'			
Job requirements (physical tasks)											
Provide details of the physical tasks performed					Frequency		% (of time on t	ask		
Activity		N/A	Task is essential to job	Task could be modified	Daily (D)	Weekly (W)	Monthly (M	0 to 33%	34 to 66%	67 to 100%	
Sitting			Yes No	Yes No	□D	□w	□м				
Standing			Yes No	Yes No	D	□w	□м				
Walking			Yes No	Yes No	D	□w	□м				
Stairs and/or steps			Yes No	☐ Yes ☐ No	D	□w	□м				
Reaching–overhead			Yes No	☐ Yes ☐ No	D	□w	□м				
Reaching-must lean forward or to the side			Yes No	Yes No	D	□w	□м				
Crawling and/or climbing			Yes No	☐ Yes ☐ No	D	□w	□м				
Bending and/or crouching			Yes No	Yes No	D	□w	□м				
Kneeling and/or squatting			☐ Yes ☐ No	☐ Yes ☐ No	D	□w	□м				
Fine manipulation and/or gripping objects			Yes No	☐ Yes ☐ No	D	□w	□м				
Repetitive body motions			☐ Yes ☐ No	☐ Yes ☐ No	D	□w	□м				

Is the employee able to change body positioning as comfort requires?													
			10 lbs.			44 4 20 11 -			24 4 50 11		Daily (D) We	-	onthly (M)
Activity	NA	Frequenc	on	11 to 20 lbs. Frequency, duration				21 to 50 lbs. Frequency, duration			> 50 lbs. Frequency, duration		
Lifting			١ —	_ hrs/shift] w □ м —	_ hrs/shift		□ w □ м −	hrs/shift	□p□wl	⊐м —	_ hrs/shift
Carrying			ı —	hrs/shift DD] w □ м —	_ hrs/shift		□ w □ м −	hrs/shift			_ hrs/shift
Pushing/Pulling			ı —	_ hrs/shift	D W M ——hrs/shift			DD	D W M ——hrs/shift		D W M — hrs/shift		_ hrs/shift
To complete job tasks, lift, carry, push or pull assistive devices are: available available not required													
Comments													
Job requirements (cognitive ta	ckc)												
Provide details of the cognitive tasks pe		d by this employee	<u>.</u>										
		, , ,		Task	cis	Task could	Dai	ilv (D)	Frequency	Monthly (M)		of time on to 34 to	ask 67 to
Activity			N/A	essentia	l to job	be modified	l Dai	ily (D)	Weekly (W)	Monthly (M)	0 10 33%	66%	100%
Understanding, remembering and carrying out detailed instructions			☐ Yes	No	☐ Yes ☐ N	lo [D	□w	□м				
Maintain attention and concentration for extended periods			☐ Yes	☐ No	Yes N	lo [] D	□w	□м				
Perform activities within a schedule			☐ Yes	☐ No	Yes N	о [] D	□w	□м				
Work involves pressure to meet deadlines			Yes	☐ No	Yes N	о [] D	□w	□м				
Juggle tasks and prioritize work			☐ Yes	No	Yes N	ю [] D	□w	□м				
Sustain an ordinary routine without supervision				☐ Yes	☐ No	☐ Yes ☐ N	lo [] D	□w	□м			
Make simple decisions or solve straightforward problems				☐ Yes	☐ No	Yes N	ю [] D	□w	□м			
Solve complex problems			☐ Yes	No	Yes N	lo [] D	□w	□м				
Work alone or independently			☐ Yes	☐ No	Yes N	ю [D	□w	□м				
Work in a team or with others			☐ Yes	No	Yes N	lo [] D	□w	□м				
Interact with the general public or customers			☐ Yes	☐ No	Yes N	ю [] D	□w	□м				
Respond to frequent changes in the environment or tasks			☐ Yes	No	Yes N	lo [D	□w	□м				
Travel in unfamiliar places or use public transportation				Yes	No	Yes N	lo [] D	□w	□м			
Job requirements (work environment)													
Identify any specific conditions or environments this employee may be exposed to during work													
Locations (such as unregulated inside climate, outside, in vehicle, operating heavy equipment)													
Hazards (such as chemcals, biological agents, equipment, machinery, tools, moving objects, heights)													
Discomforts (such as noise, vibration, or	dours r	non-toxic dust eve	nsure to	marked to	mnerativ	re or humidity)							
Sisconnoits (such as noise, vibration, or	aouis, I	ion toxic dust, exp	osuie (C	, markeu te	mperatul	c or numberly)							

Other information (accomodation)									
Before the employee stopped working, did the injury or illness cause him or her to change the following:									
	Date of change (YYYY – MM – DI		Explanation of change						
Job duties	Yes No N/A								
Job performance	Yes No N/A								
Use of equipment	Yes No N/A								
Hours of work	☐ Yes ☐ No ☐ N/A								
Attendance	☐ Yes ☐ No ☐ N/A								
Has your employee had more than one job with your company?									
Based on your employee's skills, please comment on any opportunity for alternate job placement within your company.									
Declaration and signature									
I hereby declare that the information provided on this form is true and complete to the best of my knowledge and belief.									
Name (please print)	declare that the inform	iation provided on t	ins form is true and co	Position/ title					
Phone			Fax	Fax					
Signature			Date (YYYY – MM – DD)						



