



Is the employee able to change body positioning as comfort requires?  Yes  No

Comments

Frequency = Daily (D) Weekly (W) Monthly (M)

Activity	NA	1 to 10 lbs.			11 to 20 lbs.			21 to 50 lbs.			>50 lbs.		
		Frequency, duration			Frequency, duration			Frequency, duration			Frequency, duration		
Lifting	<input type="checkbox"/>	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift
Carrying	<input type="checkbox"/>	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	____ hrs/shift

To complete job tasks, lift, carry, push or pull assistive devices are:  required  available  not required

Comments

### Job requirements (cognitive tasks)

Provide details of the cognitive tasks performed by this employee

Activity	N/A	Task is essential to job		Task could be modified		Frequency			% of time on task		
		Yes	No	Yes	No	Daily (D)	Weekly (W)	Monthly (M)	0 to 33%	34 to 66%	67 to 100%
Understanding, remembering and carrying out detailed instructions	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain attention and concentration for extended periods	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform activities within a schedule	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work involves pressure to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juggle tasks and prioritize work	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustain an ordinary routine without supervision	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make simple decisions or solve straightforward problems	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solve complex problems	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work alone or independently	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in a team or with others	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact with the general public or customers	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to frequent changes in the environment or tasks	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in unfamiliar places or use public transportation	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 chemicals, biological agents, equipment, machinery, tools, moving objects, heights)

Discomforts (such as noise, vibration, odours, non-toxic dust, exposure to marked temperature or humidity)

**Other information (accommodation)**

Before the employee stopped working, did the injury or illness cause him or her to change the following:

		<b>Date of change</b> (YYYY – MM – DD)	<b>Explanation of change</b>
Job duties	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Job performance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Use of equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Hours of work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Has your employee had more than one job with your company?  Yes  No If yes, list all job titles and time spent at each job

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)		Position/ title
Phone	Fax	
Signature	Date (YYYY – MM – DD)	

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