

JOB DESCRIPTION DISABILITY APPLICATION

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ab.bluecross.ca

To be comp			ect supervisor based erta Blue Cross, Life &					injury or illne	ess.				
Employer name				Group/polic		Section							
						-1							
Employee (plan member) information	n												
Last name			First name Midd						Middle i	dle initial			
					1								
Job title			ID Number Employmen			nt start date (Y`	e of current position (YYYY – MM – DD)						
Regular work schedule													
Total hours worked each week				Usual daily hours worked From			s To						
Job description (regular duties)													
Provide details of the essential tasks and activities performed by this employee on a regular or daily basis (list most important first)										Hours per day			
1.													
2.													
3.													
4.													
5.													
6.													
Job requirements (physical tasks)													
Provide details of the physical tasks performed	by this employee.						Frequency			% o	f time on ta	sk	
Activity		N/A	Task is essential to job		sk could modified	Daily (D)	Weekly (W)	Monthly (M	M) 0 to	33%	34 to 66%	67 to 100%	
Sitting			Yes No	ПΥ	es No	□ D	□w	□м	ı				
Standing			Yes No	ПΥ	es 🔲 No	□D	□w	□м	ı	┚			
Walking			Yes No	□Y	es 🔲 No	□ D	□w	□м	I	_			
Stairs and/or steps			Yes No	ΠY	es 🔲 No	□ D	□w	□м	ı				
Reaching-overhead			Yes No	ПΥ	es 🔲 No	□ D	□w	□м	ı]			
Reaching–must lean forward or to the side			Yes No		es 🔲 No	□D	□w	□м		⊐			
Crawling and/or climbing			Yes No	ПΥ	es 🔲 No	□D	□w	□м					
Bending and/or crouching			Yes No		es 🔲 No	□D	□w	□м		⊐			
Kneeling and/or squatting			Yes No	□ Y	es 🔲 No	□D	□w	□м					
Fine manipulation and/or gripping objects			Yes No	ΠY	es 🔲 No	□D	□w	□м	I	J			
Repetitive body motions		٦	□ Vas □ No		or \square No		Пм	Пм		-			

Is the employee able to change body positioning as comfort requires?													
Commence													
											Daily (D) We	•	lonthly (M)
Activity	NA	1 to 10 lbs. Frequency, duration			11 to 20 lbs. Frequency, duration			21 to 50 lbs. Frequency, duration			> 50 lbs. Frequency, duration		
Lifting			ı —	_hrs/shift]w□м —	hrs/shift		⊐ w □ м −	hrs/shift	□ d □ wl	⊐м —	_hrs/shift
Carrying			۱ —	hrs/shift DD]w□м —	W ☐ M ——hrs/shift		⊐ w □ м −	hrs/shift			_ hrs/shift
Pushing/Pulling			١	_hrs/shift	D W M ——hrs/shift			D W M ——hrs/shift		□ D □ W □ M ──hrs/shift			
To complete job tasks, lift, carry, push or pull assistive devices are: available available not required													
Comments													
lah yang iyana anta (aa maitiya ta	(داده												
Job requirements (cognitive ta Provide details of the cognitive tasks pe		ed by this employee	<u>.</u>										
		,		Task	cis	Task could	D. 11	(D)	Frequency	M (I-I - (M)		of time on to 34 to	ask 67 to
Activity			N/A	essentia	l to job	be modified	Daily	y (D)	Weekly (W)	Monthly (M)	0 to 33%	66%	100%
Understanding, remembering and carrying out detailed instructions				Yes	☐ No	Yes No] D	□w	□м			
Maintain attention and concentration for extended periods			Yes	☐ No	Yes No] D	□w	□м				
Perform activities within a schedule			Yes	☐ No	☐Yes ☐ No] D	□w	□м				
Work involves pressure to meet deadlines			Yes	No	☐Yes ☐ No] D	□w	□м				
Juggle tasks and prioritize work				Yes	☐ No	☐ Yes ☐ No] D	□w	□м			
Sustain an ordinary routine without supervision				☐ Yes	☐ No	☐ Yes ☐ No] D	□w	□м			
Make simple decisions or solve straightforward problems				Yes	☐ No	Yes No] D	□w	□м			
Solve complex problems				Yes	☐ No	☐ Yes ☐ No] D	□w	□м			
Work alone or independently			Yes	☐ No	☐ Yes ☐ No] D	□w	□м				
Work in a team or with others				Yes	☐ No	Yes No] D	□w	□м			
Interact with the general public or customers				Yes	No	☐ Yes ☐ No] D	□w	□м			
Respond to frequent changes in the environment or tasks				Yes	☐ No	Yes No] D	□w	□м			
Travel in unfamiliar places or use public transportation				☐ Yes	☐ No	Yes No] 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)													
Disconforts (such as a size that	d												
Discomforts (such as noise, vibration, or	ours, i	non-toxic dust, exp	osure to	marked te	mperatu	re or humidity)							

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