**ADA PHYSICAL REQUIREMENT WORKSHEET**

DATE: EMPLOYEE: JOB TITLE:

DEPARTMENT: COMPLETED BY:

This form is designed to identify the "Physical Requirements" necessary to perform the essential functions of a particular job. All requirements are subject to possible modification to reasonably accommodate individuals with disabilities. Individuals who pose a direct threat or significant risk to the health and safety of themselves or others in the workplace, or are not able to perform the essential functions of the job with or without a reasonable accommodation, will not be considered qualified for employment. This document is not an employment contract.

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| **PHYSICAL REQUIREMENTS**   * **Check which of the following best describes the position**   **Sedentary work** - Exerting up to 10 pounds of force occasionally, and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally, and all other sedentary criteria are met.  **Light work** - Exerting up to 20 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg control requires exertion of forces greater than that of sedentary work and if the worker sits most of the time, the job is considered light work.  **Medium work** - Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.  **Heavy work** - Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds or force frequently, and/or up to 20 pounds of force constantly to move objects.  **Very heavy work** - Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force constantly to move objects.   * **Check essential physical requirements of the job:**   Climbing Balancing Stooping  Kneeling Crouching Reaching  Standing Walking Pushing  Pulling Lifting Fingering Grasping Tactile sense Repetitive motions Seeing Hearing Talking | | | **EQUIPMENT AND TOOLS**  **List equipment and tools operated and the frequency of use:**  (Those which cannot be delegated to a co-worker.)  Road Commission Vehicles:  Equipment:  Tools:  Other:  **WORKING CONDITIONS**   * **Check which working conditions the employee is subject to:**   Physical Conditions:  Noise Extreme temperatures  Vibration Wet and/or humid Hazards:  Mechanical Electrical Chemical Explosives Radiant energy Burns Other, including:  Atmospheric Conditions:  Fumes Odors Dusts  Mists Gases Poor ventilation Other, including: |
|  |  | Visual acuity (color, depth perception and field of vision) |

**COMMENTS:**