

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:

| | | Date of change (YYYY – MM – DD) | Explanation of change |
|------------------|---|---|------------------------------|
| 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) | |

*Blue Cross Life Insurance Company of Canada underwrites all life and income replacement benefits.

** The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. † Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. ABC 55073/30135 2017/12

