Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Job demands form will be used by Occupational Health or other medical practitioner to provide recommendations on fitness for work. The manager is requested to complete sections 2 and 3. The employee will be given an opportunity to review the completed document and suggest changes. Occupational Health will complete sections 4 & 5.

The completed form can be used to develop a return to work plan, using the ‘Work Rehabilitation Plan’ form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job demands | 2. Tick if Required | 3. Description (if job demand is required) Yes | 4. Restricted | 5. Current Abilities |
|

|  |  |
| --- | --- |
| **Yes** | **No** |

 |
| Physical |
| Walking |  |  |  |  |  |
| Kneeling/squatting |  |  |  |  |  |
| Balancing  |  |  |  |  |  |
| Climbing stairs/ladders |  |  |  |  |  |
| Lifting/carrying |  |  |  |  |  |
| Pushing/pulling |  |  |  |  |  |
| Prolonged standing- specify duration |  |  |  |  |  |
| Prolonged sitting- specify duration |  |  |  |  |  |
| Reaching- above/below shoulder |  |  |  |  |  |
| Use of both upper limbs |  |  |  |  |  |
| Fine finger dexterity |  |  |  |  |  |
| Other: please specify |  |  |  |  |  |
| Cognition/communication |
|  Concentrating for long periods |  |  |  |  |  |
|  Paying attention to detail |  |  |  |  |  |
| Working in distracting environments |  |  |  |  |  |
| Multi-tasking |  |  |  |  |  |
| Remembering information |  |  |  |  |  |
| Verbal communication |  |  |  |  |  |
| Display Screen Equipment use |  |  |  |  |  |
| Reading/writing/recording information |  |  |  |  |  |
| Ability to write |  |  |  |  |  |
| Using numerical skills |  |  |  |  |  |
| Supervising others |  |  |  |  |  |
| Managing others |  |  |  |  |  |
| Other: please specify |  |  |  |  |  |

|  |
| --- |
| Psychosocial |
| Dealing with a crisis/problem solving |  |  |  |  |  |
| Dealing with confrontation/aggression |  |  |  |  |  |
|  Dealing with emotional situation |  |  |  |  |  |
| Managing changing circumstances |  |  |  |  |  |
| Other: please specify |  |  |  |  |  |
| Other |
| Shift work/night shift/on-call |  |  |  |  |  |
| 12 hour shifts |  |  |  |  |  |
| Working under time pressure |  |  |  |  |  |
| Lone working |  |  |  |  |  |
| Patient handling |  |  |  |  |  |
| Other: please specify |  |  |  |  |  |
| Environment |
| Working outside |  |  |  |  |  |
| Extremes of temperature |  |  |  |  |  |
| Atmospheric conditions |  |  |  |  |  |
| Exposure to hazardous substances |  |  |  |  |  |
| Use of machinery |  |  |  |  |  |
| Vehicle driving at work |  |  |  |  |  |
| Working at heights |  |  |  |  |  |
| Excessive noise |  |  |  |  |  |
| Other: please specify |  |  |  |  |  |

|  |
| --- |
| Further relevant information: |

**Sections 2 & 3 completed by:**

**Signature: Line Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sections 4 & 5 completed by Occupational Health:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ MCRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**