



Orthopaedic And Sports Injury Services

JOB DEMANDS QUESTIONNAIRE

Your physiotherapist has been asked by WorkSafeBC to determine what your job involves physically and to contact your employer and confirm the functional demands of your job, and to determine what opportunities there are for a full or graduated return, or if lighter duties are available. **To assist in this process we request that you complete this form with as much detail as possible.**

CLIENT INFORMATION:

Name:	DOB:	Claim #:
Job Title:	Hrs/ shift: _____ Shifts/ wk: _____	Date of Injury:
Company Name and address:	Company Contact person and their title:	Company's Telephone: Fax: Email:

Please provide a short description of your job position: _____

Please list the top 5 physically demanding tasks you perform at work that have become difficult to accomplish given your current injury:

- 1) Describe activity: _____
 What length of time do you perform this task without a break? _____
 How many times do you perform this activity in a shift? _____
 What weight is involved in this activity? _____
- 2) Describe activity: _____
 What length of time do you perform this task without a break? _____
 How many times would you perform this activity in a shift? _____
 What weight is involved in this activity? _____
- 3) Describe activity: _____
 What length of time do you perform this task without a break? _____
 How many times would you perform this activity in a shift? _____
 What weight is involved in this activity? _____
- 4) Describe activity: _____
 What length of time do you perform this task without a break? _____
 How many times would you perform this activity in a shift? _____
 What weight is involved in this activity? _____
- 5) Describe activity: _____
 What length of time do you perform this task without a break? _____
 How many times would you perform this activity in a shift? _____
 What weight is involved in this activity? _____

Is there anything else you would like us to know about your limitations at work due to your current injury?

I consent to contact with my employer to discuss return to work

SIGNED: _____

DATE: _____