



PHYSICAL DEMANDS ANALYSIS

From:	Date:	Fax Number: ()	Phone Number: ()
To Supervisor of Claimant:	Insured ID:	Policy Number:	
Claimant:	Job Title:		

The immediate supervisor of the claimant listed above should complete this form and fax it back to The Hartford as soon as possible. If a job analysis has been done for this position, please send with this document.

Company Name:	Location:
Please note essential duties of this position (those that are performed with some frequency and not reasonably omitted.) Attach a current job description if available:	
Supervisory duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
License/trade requirements:	
Education/training requirements:	

******* Complete this form considering only the Essential Job Duties *******

Work schedule for the job

Hours per day	Days per week	Shifts	Overtime hours	Break/Lunch periods
Work pace: <input type="checkbox"/> Self <input type="checkbox"/> Incentive/piece rate <input type="checkbox"/> Machine <input type="checkbox"/> Set Quota				

Work field data

Machines / tools used:
<input type="checkbox"/> Computer <input type="checkbox"/> Telephone <input type="checkbox"/> Calculator <input type="checkbox"/> Head Set <input type="checkbox"/> Fork Lift (Sit) <input type="checkbox"/> Fork Lift (Stand)
<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Power Hand Tools <input type="checkbox"/> Manual Hand Tools
Materials used:
Describe work station:

Sitting/Standing/Walking Requirements

Total hours at one time (circle or check one for each)	Total hours during typical workday (circle or check one for each)
Sitting 0 .5 1 2 3 4 5 6 7 8+	Sitting 0 .5 1 2 3 4 5 6 7 8+
Standing 0 .5 1 2 3 4 5 6 7 8+	Standing 0 .5 1 2 3 4 5 6 7 8+
Walking 0 .5 1 2 3 4 5 6 7 8+	Walking 0 .5 1 2 3 4 5 6 7 8+
Alternate sitting and standing as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Talking/Hearing/Vision Requirements

Talking <input type="checkbox"/> Person to person	Hearing <input type="checkbox"/> In person	Vision <input type="checkbox"/> Near	<input type="checkbox"/> Peripheral vision
<input type="checkbox"/> On the phone	<input type="checkbox"/> On the phone	<input type="checkbox"/> Midrange	<input type="checkbox"/> Depth perception
<input type="checkbox"/> In group settings	<input type="checkbox"/> In group settings	<input type="checkbox"/> Fair	

Pushing/Pulling/Lifting/Carrying Requirements

Task description (Describe task, articles that are pushed/pulled/lifted or carried and any mechanical assistance.)	Article – Weight		Typical Distance Push/Pull/Lift/Carry (in feet)	Frequency (How many times in one day?)	Duration (For how long at one time?)
	Typical Weight	Maximum Weight			

Other Essential Job Duties

		Never	Occasionally (1-33%)	Frequently (34-67%)	Constantly (68-100%)
Driving					
Airplane Travel					
Balancing					
Stooping					
Kneeling					
Crouching					
Crawling					
Climbing					
Reaching, Indicate if not bilateral by using R for right,	Above Shoulder				
	At waist / desk level				
	Below waist level				
Handling (gross motor: gripping, holding,	Right Hand				
	Left Hand				
	Both Hands				
Fingering	Right Hand				
	Left Hand				
	Both Hands				
Feeling (sensing temperatures and textures	Right Hand				
	Left Hand				
	Both Hands				

Work Conditions	Yes	No
Setting: Inside _____ %		
Outside _____ %		
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input type="checkbox"/>	<input type="checkbox"/>
Wet/Humid	<input type="checkbox"/>	<input type="checkbox"/>
Fumes/Dust/Dirt/ Smoke	<input type="checkbox"/>	<input type="checkbox"/>
Confined Areas	<input type="checkbox"/>	<input type="checkbox"/>
High Places	<input type="checkbox"/>	<input type="checkbox"/>
Equipment In Motion	<input type="checkbox"/>	<input type="checkbox"/>
Safety Equipment/Clothing	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Hazards (Check if exists in workplace)	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Chemical	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Magnets	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional information related to the Essential Duties of this position which has not been addressed elsewhere on this form, please attach and return it with this document.

Essential Duties are defined as those that are performed with some frequency and not reasonably omitted.

Signature of Person filling out form: _____

Date _____

() _____

Print Name _____

Telephone Number _____

() _____

Position _____

Fax Number _____