

DESCRIPTION OF PHYSICAL DEMANDS



NAME: _____

JOB TITLE: Medical Scribe DATE: _____

PHYSICAL DEMANDS

On-the-job time is spent in the following physical activities
Show the amount of time by checking the appropriate boxes below.

	Amount of Time			
	None	up to 1/3	1/3 to 1/2	2/3 and more
Stand:			X	
Walk:			X	
Sit:			X	
Talk or hear:				X
Use hands to finger, handle or feel:				X
Push/Pull:		X		
Stoop, kneel, crouch or crawl:		X		
Reach with hands and arms:				X
Taste or smell:			X	

This job requires that weight be lifted or force be exerted. Show how much and how often by checking the appropriate boxes below.

	Amount of Time			
	None	up to 1/3	1/3 to 1/2	2/3 and more
Up to 10 pounds:			X	
Up to 25 pounds:		X		
Up to 50 pounds:		X		
Up to 100 pounds:		X		
More than 100 pounds:		X		

This job has special vision requirements. Check all that apply.

- Close Vision (clear vision at 20 inches or less)
- Distance Vision (clear vision at 20 feet or more)
- Color Vision (ability to identify and distinguish colors)
- Peripheral Vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- Depth Perception (three-dimensional vision; ability to judge distances and spatial relationships)
- Ability to Adjust Focus (ability to adjust eye to bring an object into sharp focus)
- No Special Vision Requirements

Specific demands not listed: _____

Note: Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position.

Employee: _____

Manager: _____

WORK ENVIRONMENT

This job requires exposure to the following environmental conditions.
Show the amount of time by checking the appropriate boxes below.

	Amount of Time			
	None	up to 1/3	1/3 to 1/2	2/3 and more
Wet, humid conditions (non-weather):		X		
Work near moving mechanical parts:		X		
Fumes or airborne particles:		X		
Toxic or caustic chemicals:		X		
Outdoor weather conditions:		X		
Extreme cold (non-weather):	X			
Extreme heat (non-weather):	X			
Risk of electrical shock:		X		
Work with explosives:		X		
Risk of radiation:		X		
Vibration:	X			

The typical noise level for the work environment is:
(Check all that apply)

- Very Quiet
- Quiet
- Moderate Noise
- Loud Noise
- Very Loud Noise

Hearing:

- Ability to hear alarms on equipment
- Ability to hear patient call
- Ability to hear instructions from physician/department staff

REPETITIVE MOTION ACTIONS

	Number of Hours				
	0	1-2	3-4	5-6	7+
Repetitive use of foot control					
A. Right only					
B. Left only					
C. Both					X
Repetitive use of hands					
A. Right only					
B. Left only					
C. Both					X
Grasping: simple/light					
A. Right only					
B. Left only					
C. Both					X
Grasping: firm/heavy					
A. Right only					
B. Left only					
C. Both			X		
Fine Dexterity					
A. Right only					
B. Left only					
C. Both				X	

