

PHYSICAL AND MENTAL ABILITIES FORM

INSTRUCTIONS: This form provides a detailed description of both the physical and mental abilities required to perform a particular job classification. The purpose of the form is to provide this description to medical staff as part of their assessment of an individual with a disability. Information about the job from this form assists in determining whether an applicant or employee with a disability can begin work or return to work with or without a reasonable accommodation. This form is to be completed as part of the job analysis for all jobs.

Below is a list of activities and other characteristics of the job class. First consider the frequency with which the activity is performed and mark the appropriate box. If the activity is never performed, check the 'Never' box and continue to the next item. Next, refer to your task list from the job analysis. For activities that are performed, specify the frequency and provide the number of 3-4 tasks that best exemplify the listed activities.

Principal Tax Compliance Officer
Job Class

1195
Class Code

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	NEVER 0 HOURS	OCCASIONALLY UP TO 3 HOURS	FREQUENTLY 3-6 HOURS	CONSTANTLY 6-8+ hours	Task #
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1-7
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Bending (neck)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Bending (waist)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting (neck)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Twisting (waist)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Is repetitive use of hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1-7
Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1-7
Power Grasping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Reaching (above shoulder level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Reaching (below shoulder level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
Keyboarding with both hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1-7

2. Please indicate the daily Lifting and Carrying requirements of the job: Indicate the height the object is lifted from floor, table or overhead location and the distance the object is carried.

ACTIVITY (Hours per day)		NEVER 0 HOURS	OCCASIONALLY UP TO 3 HOURS	FREQUENTLY 3-6 HOURS	CONSTANTLY 6-8+ hours	Task #
Lifting	Height					
0 - 10 lbs.	3-4FT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
11 - 25 lbs.	3-4FT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
26 - 50 lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51 - 75 lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76 - 100 lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100+ lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carrying	Distance					
0 - 10 lbs.	10-20FT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
11 - 25 lbs.	10-20FT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7
26 - 50 lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51 - 75 lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76 - 100 lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100+ lbs.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Describe the heaviest item required to carry and the distance to be carried:

Boxes of Files/Paperwork (10-20Ft). Occasionally carry boxes from vehicle to destination.

3. Please indicate if the job requires:

	YES*	NO	Task #
a. Driving cars, trucks, forklifts and other equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes
b. Working around equipment and machinery?	<input type="checkbox"/>	<input type="checkbox"/>	No
c. Walking on uneven ground?	<input type="checkbox"/>	<input type="checkbox"/>	Yes-Occasionally
d. Exposure to excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	No
e. Exposure to extremes in temperature, humidity or wetness?	<input type="checkbox"/>	<input type="checkbox"/>	No
f. Exposure to dust, gas, fumes, or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	No
g. Working at heights?	<input type="checkbox"/>	<input type="checkbox"/>	No
h. Operation of foot controls or repetitive foot movement?	<input type="checkbox"/>	<input type="checkbox"/>	No
i. Use of special visual or auditory protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	No
j. Working with bio-hazards such as: blood borne pathogens, sewage, hospital waste, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	No

*If YES to any item in Section 3, please briefly describe in this field.

Driving/walking to destinations