



PO Box 4030 Saskatoon SK S7K 3T2
306.244.1192 Toll-free in Saskatchewan 1.800.667.6853
Fax 306.652.5751 www.sk.bluecross.ca

NOTE: Complete the information to reflect the employee's regular duties immediately prior to his/her illness or injury.

Employee Name _____ Group/Policy Number _____
Company Name _____ Identification Number _____

JOB DESCRIPTION
Job title _____ How long in this position? _____
Is shift work involved? [] Yes [] No Hours worked each day _____ Usual daily hours are from _____ to _____
Table with 3 columns: Job duties and activities (list in order of importance), Hours per day. Rows 1-5.

MOBILITY
Table with 4 columns: Activity, Yes, No, Frequency (times per day/hours per day). Rows include Sitting, Standing, Walking, Climbing, Bending/Crouching, Kneeling, Driving, Remaining in the same position for more than 1 hour, Reaching above shoulder, Reaching at shoulder height, Reaching below shoulder height.

STRENGTH								
Activities	Frequency					Weight		Comments
	Not Performed	Not Performed Daily	<1 Hour Daily	1-3 Hours Daily	>3 Hours Daily	Usual	Maximum	
Lifting								
Pushing								
Pulling								
Manual Dexterity								

WORK ENVIRONMENT (Comment on the activities/environmental factors listed below as related to this occupation.)			
Activity/Environmental Factors	Yes	No	Frequency/Duration
Inside Work			
Outside Work			
Temperature (hot/cold)			
Humid/Dry			
Dust			
Vapour Fumes			
Noise (degree)			
Moving Objects			
Slippery Area			
Tools (sharp, hazardous)			
Machinery (electrical, vibratory, motorized)			
Travelling			
Work Alone			
Work in Group			
Interact with Public			

Direct Supervisor Signature _____ Date _____

Position/Title _____ Telephone _____

I hereby certify that I have read this job description and consider it to be a true and accurate account of my regular duties.

Employee Signature _____ Date _____