

## Job Analysis Form

Insured's name: \_\_\_\_\_ Policy number(s): \_\_\_\_\_

Date began present position: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

WCB/WSIB Claim #: \_\_\_\_\_

**Note:** Job Analysis to be completed by the claimant's immediate Supervisor, unless self-employed. Please enclose a Physical Demands of Occupation form if you have one on file.

### Occupation and General Job Description *(Prior to disability)*

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### Physical Demands of Pre-disability Occupation

Please choose the appropriate number below for each Job requirement.

- Legend**
- 0 Never performed
  - 1 Sometimes performed
  - 2 Performed occasionally, less than 1 hour per day
  - 3 Frequent and/or repetitious for 1-3 hours daily
  - 4 Maximum job requirement for over 3 hours per day

<p style="text-align: center;">0    1    2    3    4</p> <p><b>Sitting Chair</b></p> <p><b>Vehicle Seat</b></p> <p><b>Standing</b></p> <p><b>Walking</b>    Level Surface                          Uneven Surface                          Stairs</p> <p><b>Climbing</b>    Ladders                          Scaffolding                          Other</p> <p><b>Bending</b>    Stooping                          Crouching                          Kneeling</p>	<p style="text-align: center;">0    1    2    3    4</p> <p><b>Lifting</b>        From ground level                              From waist level                              Above waist level</p> <p><b>Lifting Requirements</b></p> <p>                      Up to 10 lbs (4.54 kgs)                              10 to 25 lbs (4.54 to 11.3 kgs)                              25 to 50 lbs (11.3 to 22.7 kgs)                              over 50 lbs (22.7 kgs)</p> <p><b>Mobility</b>        Carrying                              Pushing                              Pulling                              Crawling</p> <p><b>Carrying, Pushing and Pulling Requirements</b></p> <p>                      Up to 10 lbs (4.54 kgs)                              10 to 25 lbs (4.54 to 11.3 kgs)                              25 to 50 lbs (11.3 to 22.7 kgs)                              over 50 lbs (22.7 kgs)</p>
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**Job Analysis Form**

**Work Schedule:** (i.e.: full-time day or night shift, part-time day or night shift, work hours)

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**Environment:** (i.e.: temperature, light, noise, vapours/fumes, physical hazards, etc: )

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**Types of machines, equipment, tools and work aids required to perform occupation:**

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**Vehicles or equipment driven at work:**

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**Repetitive motions required:** (at wrist, shoulder, hip, knee, other)

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**Job Modifications:** (Can job duties and work hours be modified to accommodate claimants physical restrictions?)

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**Job site Modifications:** (What physical changes can be implemented to accommodate a return to work?)

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**Worker Modifications:** (What physical aids can be provided to accommodate a return to work?)

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**Declaration and Signature:** I certify that the above statements are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Telephone Number



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-800-846-5970 • [claimsdepartment@ivari.ca](mailto:claimsdepartment@ivari.ca)



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