

JOB ANALYSIS FOR PHYSICAL FITNESS REQUIREMENTS															
TITLE OF POSITION										GRADE					
NAME AND LOCATION OF ESTABLISHMENT								AGENCY							
Does establishment have medical supervision ☐ Yes ☐ No Is there an industrial safety branch ☐ Yes ☐ No															
<i>Refer to the manual for job analyses before using this form. Check all functional and working condition factors as well as acceptable disabilities whenever appropriate.</i>															
I. FUNCTIONAL FACTORS L - Little M - Moderate G - Great O - None															
Hands - Fingers		LMGO		Arms		LMGO		Legs - Feet		LMGO		Body - Trunk		LMGO	
1. Reaching				8. Reaching				14. Walking or running				22. Sitting			
2. Pushing or pulling				9. Lifting				15. Standing				23. Bending			
3. Handling				10. Pushing or pulling				16. Sitting				24. Reaching			
4. Fingering				11. Carrying				17. Carrying				25. Lifting			
5. Climbing				12. Climbing				18. Climbing				26. Carrying			
6. Throwing				13. Throwing				19. Jumping				27. Jumping			
7. Teaching				13. Throwing				20. Turning				28. Turning			
				Eyes				Ears							
Voice				30. Near vision				21. Lifting							
29. Talking				31. Far vision				22. Lifting							
				32. Color vision				23. Hearing							
II. WORKING CONDITION FACTORS															
34. Inside				41. High humidity				48. Odors				55. Toxic conditions			
35. Outside				42. Low humidity				49. Body injuries				56. Infections			
36. High elevations				43. Wetness				50. Burns				57. Dust			
37. Cramped body positions				44. Air pressure				51. Electrical hazards				58. Silica dust			
38. High temperature				45. Noise				52. Explosives				59. Moving objects			
39. Low temperature				46. Vibration				53. Slippery surfaces				60. Working with others			
40. Sudden temperature changes				47. Oil				54. Radiant energy							
III. ACCEPTABLE DISABILITIES Check appropriate square if acceptable A - Amputation D - Disability Y - Yes N - No															
Hands - Fingers		A/D		Arms		A/D		Legs - Feet		A/D		Body - Trunk		D	
1 or 2 on primary hand				1 Arm				1 Leg (high)				1 Hip			
1 or 2 on secondary hand				2 Arms				2 Legs (high)				2 Hips			
More than 2 on primary hand				None ☐				1 Leg (low)				1 Shoulder			
More than 2 on secondary hand								2 Legs (low)				2 Shoulders			
1 Hand								1 Foot				Back			
2 Hands								2 Feet				None ☐			
None ☐								None ☐							
Eyes		Y/N		Ears		Y/N		Cardio - Vascular		Y/N		Tuberculosis		Y/N	
Blind				Deaf				Moderate tension				Minimal (healed, stable or arrested)			
Industrially blind				Hard of hearing, 1 ear				High tension				Moderate (healed, stable or arrested)			
Blind one eye				Hard of hearing, 2 ears				Organic heart disease compensated				Far advanced (healed, stable or arrested)			
Color blind				Hearing aid acceptable								Collapse therapy			
Color blind for shades															

FIG 21-9—Form used by US Civil Service Commission to facilitate placement of the handicapped worker in a productive environment