

## PHYSICAL REQUIREMENTS AND CONDITIONS

Job Title/Series **Social Workers, Social Service Counselors, Professional Counselors**

Position #'s: \_\_\_\_\_

This job involves a \_\_\_\_-hour workday.

The minimum physical qualifications for the above job are listed below. This information shall be used to establish a minimum standard in the evaluation of applicants for positions in the job classification and in reviewing the capabilities and physical restrictions of employees returning from occupational and illness leaves of absence.

**Note: “Rarely” = 1 - 10%    “Occasionally” = 11 - 33%    “Frequently” = 34 - 66%  
 “Continuously” = 67 - 100%**

PLEASE PLACE A CHECK (✓) IN THE COLUMN BELOW WHICH MOST ACCURATELY DESCRIBES THE FREQUENCY OF EACH TYPE OF PHYSICAL ACTIVITY LISTED.

On the job you:	Not at all	Rarely	Occasionally	Frequently	Continuously
Bend/Stoop		<input checked="" type="checkbox"/>			
Squat		<input checked="" type="checkbox"/>			
Crawl	<input checked="" type="checkbox"/>				
Climb	<input checked="" type="checkbox"/>				
Kneel		<input checked="" type="checkbox"/>			
Balance		<input checked="" type="checkbox"/>			
Push/Pull		<input checked="" type="checkbox"/>			
Reach above shoulder level			<input checked="" type="checkbox"/>		

WEIGHT CHART -- INDICATE FREQUENCY  
 (Never, Rarely, Occasionally, Frequently, Continuously)

Activity	Up to 10 pounds	11 - 24 pounds	25 - 34 pounds	35 - 50 pounds	51 - 74 pounds	75 - 100 pounds	over 100 pounds
LIFT -Waist > Overhead	F	O	R	R	N	N	N
LIFT Floor >Waist	F	O	R	R	N	N	N
CARRY	F	O	R	R	N	N	N
PUSH	F	O	R	R	N	N	N
PULL	F	O	O	R	N	N	N

### SPECIAL SENSORY REQUIREMENTS:

**Hearing Acuity Required?**     N/A     Average     Low

**Telephone Use Required?**     Yes     No

**Visual Acuity Required?**     N/A     Near     Far

Color Acuity Required?  Yes  No

Field of Vision Required?  Yes  No

Video Display Terminal (VDT / Computer Monitor) Use Required?  Yes  No

Manual Dexterity Required?  Average  Low Requires one or both hands/fingers?  Yes  No

If yes, explain. grasp, move or assemble small objects

Operate Moving Equipment?  Yes  No

Operate Motor Vehicles?  Yes  No

Sense of Smell Required?  Yes  No

Sense of Taste Required?  Yes  No

### EXPOSURE CATEGORIES

Is this position in a Category 1, 2, or 3(see below for explanation)?   2  

**Category 1.** (Tasks That Involve Exposure to Blood, Body Fluids, or Tissues)

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues or a potential for spills or splashes of them are Category 1 tasks. Use of appropriate protective measures should be required for every employee engaged in Category 1 tasks.

**Category 2.** (Tasks That Involve No Exposure to Blood, Body Fluids, or Tissues, But Employment May Require Performing Unplanned Category 1 Tasks.)

The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category 2 tasks.

**Category 3.** (Tasks That Involve No Exposure To Blood, Body Fluids, or Tissues, and Category 1 Tasks Are Not a Condition of Employment.)

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are Category 3 tasks.

### ENVIRONMENTAL CONDITIONS

If applicable, please describe the environmental conditions associated with this job below:

**Chemicals:** \_\_\_\_\_

**Confined Spaces:** \_\_\_\_\_

**Heights:** \_\_\_\_\_

**Uneven Terrain:** \_\_\_\_\_

**Other:** \_\_\_\_\_

I certify that all statements are true and correct to the best of my knowledge:

\_\_\_\_\_

Employee Signature

Date

Direct Supervisor Signature

Date

NOTE: THIS DOCUMENT IS TO BECOME PART OF THE OFFICIAL POSITION DESCRIPTION (SF-3) FORM.