

Medical: Physical Requirements and Exposures Checklist

Department: Risk Management and Response

Program: Medical

Owner: Program Manager

Authority: ES&H Manual, Chapter 3, Medical¹

This form must accompany all employment requisitions in order to assist the Medical Department in evaluating the necessity for a pre-placement physical examination for persons who have received employment offers and have accepted the position.

Requisition number: _____

Employee name: _____

Job classification/title: _____

Department: _____

Supervisor name: _____ Ext: _____

Supervisor signature: _____ Date: _____

Essential Activities

Please check activities that are essential functions (the core purpose of the position):

1. Body Movements

Lifting weight	<input type="checkbox"/> 0-19 lbs	<input type="checkbox"/> 20-39 lbs	<input type="checkbox"/> 40-59 lbs	<input type="checkbox"/> >59 lbs
Lifting frequency	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Bending/pushing	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Reaching overhead	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Pulling loads	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Kneeling	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Climbing ladders	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Climbing stairs	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Wrist torquing	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Gripping	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequently	<input type="checkbox"/> Very Freq.
Driving	Hours at a time: _____		Total hours: _____	

2. Visual and Auditory Acuity

Accurate color perception Accurate depth perception
 Ability to hear emergency communications over telephone

¹ SLAC Environment, Safety, and Health Manual (SLAC-I-720-0A29Z-001), Chapter 3, "Medical", <http://www-group.slac.stanford.edu/esh/medical/chapter/policies.htm>

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3. Repetitive Hand Motion

Occasional: two hours/day; frequently: up to four hours

- | | | | |
|-------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| Keyboarding/typing | <input type="checkbox"/> Some | <input type="checkbox"/> Occasional | <input type="checkbox"/> Frequently |
| Gripping/clicking mouse | <input type="checkbox"/> Some | <input type="checkbox"/> Occasional | <input type="checkbox"/> Frequently |
| Collating | <input type="checkbox"/> Some | <input type="checkbox"/> Occasional | <input type="checkbox"/> Frequently |
| Stapling | <input type="checkbox"/> Some | <input type="checkbox"/> Occasional | <input type="checkbox"/> Frequently |
| Telephone | <input type="checkbox"/> Some | <input type="checkbox"/> Occasional | <input type="checkbox"/> Frequently |

4. Physical Hazards

- | | | |
|--|---|--|
| <input type="checkbox"/> Ladder >four ft | <input type="checkbox"/> Ladder >10 ft | <input type="checkbox"/> Elevated work surfaces |
| <input type="checkbox"/> Confined spaces | <input type="checkbox"/> Excavation/trenching | |
| <input type="checkbox"/> Electrical <120 V | <input type="checkbox"/> Electrical 120–600 V | <input type="checkbox"/> Electrical >600 V |
| <input type="checkbox"/> Energized magnets | <input type="checkbox"/> Microwave source | <input type="checkbox"/> Ultraviolet/infrared source |
| <input type="checkbox"/> Pressure and vacuum | <input type="checkbox"/> Paint/lacquer | <input type="checkbox"/> Radiation work |
| <input type="checkbox"/> Temperature extremes: | hot: _____ | cold: _____ |

5. Machine Operations

- | | | | |
|---------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Truck | <input type="checkbox"/> Moped | <input type="checkbox"/> Pipe bender |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Forklift >six tons | <input type="checkbox"/> Bridge crane | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mobile crane | <input type="checkbox"/> Scissors lift | <input type="checkbox"/> Man lift | |
| <input type="checkbox"/> Mill | <input type="checkbox"/> Brake | <input type="checkbox"/> Punch press | |
| <input type="checkbox"/> Lathe | <input type="checkbox"/> Table saw | <input type="checkbox"/> Pipe threader | |

Medical Surveillance

Pre-placement and annual medical surveillance examinations are mandatory for a new or reassigned employee who meets any one of the following categories:

- Works with Class 3b or Class 4 lasers or have suspected laser induced injury
- Handles lead bricks more than 30 minutes on any work day
- Works in a designated noise hazard area
- Works in the MFD Electroplating Shop
- Is required to wear a respirator
- Cuts metal by torch or welds >20 days/year
- Operates mobile cranes overhead cranes from the pulpit, or cab operated truck cranes over one ton
- Will be designated as requiring HAZWOPER surveillance by the ESH Environmental Protection Department

Physical Examination

To be completed by Medical Department staff

- Required (if any one item in Section 4 is checked; Medical Department staff will arrange for a pre-placement, post-job offer, baseline physical examination before the new hire reports to work)
- Not required