



Oceanside  
Physiotherapy  
& Work Conditioning Centre

Owned & Operated by JAJ Martin Physiotherapist Corporation

#3 - 1009 Allsbrook Rd., Parksville, BC V9P 2A9 Telephone: (250) 248-9666 Fax: (250) 248-2199

**JOB DEMANDS QUESTIONNAIRE**

Your physiotherapist has been asked by WorkSafeBC to determine what your job involves physically. Your physiotherapist has been asked to contact your employer and confirm the functional demands of your job, and to determine with your employer what opportunities there are for a full or graduated return, or if lighter duties are available. To assist in this process we request that you complete this form.

**CLIENT INFORMATION:**

Name:	DOB:	Claim #:
Job Title:	Hours per shift:	Shifts per week:
Company Name and Address:	Company Contact:	Telephone #: Fax #:

**HOW OFTEN DO YOU PERFORM ACTIVITIES.**

RARE/SELDOM	OCCASIONAL	FREQUENT	CONSTANT/ALWAYS
0-10% of shift (1-5x/shift)	11-33% of shift (12-25x/shift)	34-66% of shift (26-70 x/shift)	67-100% of shift (71+ x/shift)

ACTIVITY	List the heaviest weight handled Describe activity	Frequency of Work Shift				
		Never	Rare	Occasional	Frequent	Constant
Lifting below waist level						
Lifting waist to shoulder						
Lifting above shoulder level						
Two hand carrying						
Pushing						
Pulling						

ACTIVITY	Description	Frequency of Work Shift				
		Never	Rare	Occasional	Frequent	Constant
Sitting						
Standing						
Walking						
Running						
Twisting						
Jumping						
Bending/Stooping						
Crouching						
Kneeling						
Crawling						
Climbing (e.g. stairs)						
Balancing						
Reaching (Above shoulder)						
Reaching (Below shoulder)						
Handling/gripping- Dominant						
Operating a foot pedal						

**SHORT DESCRIPTION OF THE POSITION AND INDICATE IF LIGHT DUTIES OR MODIFIED HOURS ARE AVAILABLE:**

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I consent to contacting my employer to discuss return to work SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_