

CMG

Applicant Health Questionnaire

Name: Nathan Moshier
 Home Phone: _____
 Job Applied For: _____

** Please answer every question ** Indicate your answer by circling yes or no ** Any question answered "NO", discuss with the medical provider

Definition:

Occasionally = 1-33% of an 10 hour work shift.
 Frequently = 34-66% of an 10 hour work shift.
 Continuously = 67-100% of an 10 hour work shift

GENERAL WORK SCHEDULE

- Can you work an TEN hour shift? YES NO
- Can you work 2.5 hours without a rest break? YES NO
- Can you work 5.0 hours until a lunch break? YES NO

LIFTING AND CARRYING

- Can you lift up to 20 pounds continuously? YES NO
- Can you lift up to 50 pounds occasionally? YES NO
- Can you carry up to 20 pounds continuously? YES NO
- Can you carry up to 50 pounds occasionally? YES NO
- Can you lift objects from table level? YES NO
- Can you lift objects from the floor? YES NO
- Can you lift bulky objects? YES NO

UTILIZATION OF HAND/WRIST/ARM/BODY MOTION

- Can you feel with your fingers to pick up or connect nuts or bolts without seeing them? YES NO
- Can you handle air guns, power wrenches and push buttons with both hands? YES NO
- Can you operate foot pedals with both feet? YES NO
- Can you twist or turn your head frequently? YES NO
- Can you twist or turn you back frequently? YES NO
- Can you perform repetitive motion work with one or both hands? YES NO
- Can you perform repetitive motion work with your upper body and extremities? YES NO
- Can you perform repetitive motion work while handling objects from 1 to 10 pounds? YES NO

VISION

- Do you have clear vision up to 20 inches? YES NO
- Do you have clear vision up to 20 feet? YES NO
- Do you have depth perception? YES NO
- Do your eyes have the ability to focus on moving objects? YES NO
- Can you walk up stairs? Five or more steps? YES NO

MENTAL AND HUMAN RELATIONS CHARACTERISTICS

- Can you carry out instructions in written, oral, or diagram form? YES NO
- Can you perform simple addition and subtraction? YES NO
- Can you read and copy figures or count objects and record information accurately? YES NO
- Do you have the ability to understand and call verbal or written instructions? YES NO
- Do you have the ability to function independently on work tasks without direct supervision? YES NO
- Do you have the ability to communicate and interact with co-workers/supervisors? YES NO
- Do you cope with stressful situations? YES NO

DEGREE OF STRENGTH

- Can you stand while working 10 hour per shift? YES NO
- Can you push objects using force? YES NO
- Can you pull objects using force? YES NO

GENERAL PHYSICAL DEMANDS

- Can you balance yourself and parts while working? YES NO
- Can you reach to the floor? YES NO
- Can you stoop over repetitively? YES NO
- Can you reach above your shoulder repetitively? YES NO
- Can you reach out over 18 inches? YES NO
- Can you reach within your chest-waist region to work? YES NO

HANDS

- Is your dominate hand 100% functional at least 100% of an 10 hour shift? YES NO
- Is your non-dominate hand at least 50% functional 100% of an 10 hour shift? YES NO
- Can both your hands provide primary assistance in handling objects frequently? YES NO
- Can both your hands grasp objects on a frequent and repetitive basis? YES NO
- Can both your hands manipulate small objects (under 2 pounds) frequently? YES NO
- Can both your hands manipulate large objects (over 2 pounds) frequently? YES NO
- Can both your hands hold objects in its palm? YES NO
- Can both your hands have the ability to release objects held? YES NO
- Can the thumb and fingers on both your hands have the ability to touch/feel continuously? YES NO
- Can both your hands hold objects with the strength of up to 15 pounds pressure? YES NO
- Can both your hands pinch objects on a frequent and repetitive basis? YES NO

WORK ENVIRONMENT

- Can you work indoors continuously? YES NO
- Can you be exposed to temperature extremes from 65-90 degrees? YES NO
- Can you work while exposed to noise? YES NO
- Can you work while exposed to vibration? YES NO
- Can you work around moving equipment? YES NO
- Can you work around dust, fumes and odors? YES NO
- Can you wear a respirator? YES NO
- Can you work around cold air drafts? YES NO
- Can you work around materials, oils, or fumes which may cause allergic sensitivity? YES NO
- Can you stand on cement floors frequently or for prolonged periods? YES NO
- Can you work 6-10' above ground level? YES NO

Any questions answered "NO" please state what assistance or accommodation can be provided so you may be able

1G HEALTH PROVIDER FOF

Revised 9/06

PATIENT'S NAME: Nathan Moshier

VISION

Vision Without Glasses

Vision With Glasses (___ N/A)

Distant std. Type: Right 20/20 Left 20/20

Right ___ Left ___ Color Blind N

ALLERGIES:

NKA

ABILITY TO WORK 6-10' ABOVE GROUND LEVEL

BACK AND LIMB HISTORY

Do you have or have you ever had:

YES | NO

1. Injured Knee	X	
2. Injured Elbow		X
3. Injured Arm or Shoulder		X
4. Catches in the Back/Pain		X
5. Dislocation		X
6. Broken Bones	X	
7. Foot or Ankle Trouble		X
8. Slipped Disc		X

YES | NO

9. Disc Trouble		X
10. Pain/Swelling of Joints		X
11. Hand or Wrist Pain		X
12. Neck Pain		X
13. Muscle Sprain or Strain		X
14. Back Strain or Sprain		X
15. Physical Restrictions Regarding Any of The Above		X
16. Other		

Please explain ALL "YES" answers: childhood hx of tendonitis bil knee, hx of Rt hand fx

(Please include dates of injury.)

I have reviewed the answers to the "Back and Limb History" above and state that these answers have been recorded accurately and are true and complete responses to these questions.

Date: 6-19-08

Applicant Signature: Nathan Moshier

COMMENTS: (Exam notes/results)

Check whether:

Normal (N), Abnormal (A), Not Performed (O)

1. Eyes	<u>N</u>	___ A	___ O
2. Visual Field	<u>N</u>	___ A	___ O
3. Hernias	<u>N</u>	___ A	___ O
4. Spine	<u>N</u>	___ A	___ O
5. Extremities	<u>N</u>	___ A	___ O
6. Hand Function	<u>N</u>	___ A	___ O
7. Neurological, General	<u>N</u>	___ A	___ O
8. Lung Capacity	<u>N</u>	___ A	___ O

smiles.

passed PFT's.