

JOB CAPABILITY AND SAFETY ANALYSIS

DATE

PART 1 -SURVEY REQUEST *(Completed by Examining Practitioner)*

JOB CAPABILITY

SAFETY ANALYSIS

REASON(S) FOR REQUEST

SIGNATURE

PART 2 - ESSENTIAL TASKS
(Completed by Appointing Official)

PART 3 -JOB CAPABILITY SURVEY
(Completed by Medical Personnel)

PART 4 -JOB safety analysis
(Completed by Safety)

- List tasks a worker must perform, at a minimum, to be qualified for the position.
- Be specific
- Examples: 1. Operate a drill press
2. Change brake pads on aircraft on flight line
3. Drive on flight line

- Is the worker capable, considering the medical conditions above, of performing the task?
- If not, will a reasonable accommodation or restriction make it possible for the worker to perform the task?
(Specify)

- Can the worker perform the task without personal risk or risk to others.
- If NO, list the specific nature of the risk(s).
- EXAMPLE: Can't hear verbal warning near operating aircraft. Personal danger near rotating propellers.

(Continue on reverse)

(Continue on reverse)

(Continue on reverse)

SIGNATURE

SIGNATURE

SIGNATURE

PATIENT IDENTIFICATION

WORKPLACE ID

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PATIENT'S NAME

PAS CODE

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YEAR OF BIRTH

RELATIONSHIP TO SPONSOR

COMPONENT

SERVICE

SPONSOR'S NAME

GRADE

SSN OR ID NUMBER

ORGANIZATION

| PART 2 <i>(Continued)</i> | PART 3 <i>(Continued)</i> | PART 4 <i>(Continued)</i> |
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