

Henry Brock

From: Henry Brock [riskmanager@cvip.net]
Sent: Wednesday, March 16, 2011 2:22 PM
To: riskmanager@cvip.net
Subject: FW: Pre-employment Assessment Report



March 16, 2011

SUBJECT: Pre-employment Assessment Report

The purpose of this report is to address the topic of pre-employment physicals which was briefly discussed at the last FCSIG board meeting. The term "pre-employment physical" (PEP) has been utilized for many years to describe the physical evaluation of a potential employee. The physical typically has been conducted by a physician with specific attention given to the back including back x-rays. The thought was that this would provide a baseline for future reference but this approach provided little data on which to reject an employee for a position due to physical limitations.

The pre-employment physical has evolved into a procedure whereby an "essential functions" document is prepared utilizing the job description for high risk positions such as custodians, grounds and maintenance personnel. The essential functions document is then sent with the potential employee to an appropriate physical therapist, not a physician. The physical therapist conducts the evaluation and prepares a "fitness for duty evaluation." To be effective, an essential functions form must clearly articulate the physical requirements of the position. I have made arrangements with a firm, WorkSTEPS, for those districts who wish to

proceed with the pre-employment assessment. This firm has been recommended by the staff at two other JPA's in Central California, and if requested, I will put interested districts in contact with a WorkSTEPS representative. This firm will prepare essential functions documents based on a district's specific job descriptions for approximately \$300.00 each. There are trained physical therapists in the Fresno area and the cost for an evaluation of a potential employee is approximately \$175.

Neither Sharon Castillo, our third-party administrator, nor I are aware of any statistics that quantify savings when pre-employment physical evaluations are utilized but Sharon is available to review a district's loss record and assist with the decision making process.

In addition to the pre-employment physical evaluation, a cost effective method to assist in determining an applicant's physical fitness for a position is to evaluate the responses to questions included in the application or posed during the interview. As you may recall, the JPA attorney, John Phillips, Esq., prepared guidelines titled "FCSIG Interview Questions Related to Workers Compensation Claim." I suggest that the following questions taken from page 2 of that document be utilized:

1. Do you have any physical disabilities that would interfere with your ability to perform the job for which you have applied?
2. Do you have any medical history that would interfere with your ability to perform the job for which you have applied?
3. Have you ever been under a doctor's restriction related to any prior occupational injury which would impact the job for which you are applying?

If you have any questions, please contact me.

Henry Brock, Risk Manager

READ THIS FIRST! This form describes the physical requirements necessary to complete the job described on the corresponding job description. This is an important document. The completed form will be reviewed by the physician authorized to treat an employee who is losing time from work due to injury or illness. The physician will use this information to determine whether the employee is able to return to work, return to transitional (light duty) work with restrictions, or has sustained permanent restrictions which are likely to preclude a return to work without accommodation. It is very important that the completed form accurately describe the physical requirements of the job. To complete the form, use black ink and print clearly.

1. **JOB TITLE:** Print job title as it appears on the corresponding job description. Do not use abbreviations or acronyms.
2. **HOURS:** Indicate hours worked each day and total hours worked per week. If the employee is required to occasionally work overtime, works a split shift, works a rotational shift or is occasionally required to work on weekends or holidays, indicate this information under the Comment Section on Page 2.
3. **DEPARTMENT:** Print the Department to which this job is assigned (i.e., Dept. of Maintenance and Transportation). Do not use abbreviations or acronyms.
4. **ACTIVITY:** For each physical activity listed, check the box that most accurately describes the frequency with which the activity is performed throughout an average workday. Use the definitions that appear at the top of the form. As a general rule, the total time spent sitting, standing and/or walking cannot exceed 100% of the day. If the activity is best described by the "Other" category, indicate the specified time period if the activity is performed rarely or infrequently (i.e., Rare/wk). Include example(s) of each activity (i.e., under Climbing examples could include ladders, stairs, scaffold, etc.). If the job requires the employee to perform certain duties that are not typically required in an average work day (i.e., deep cleaning required by custodians during school breaks), indicate these duties under the Comment Section on Page 2; include the frequency and lifting/carrying demands of these unique aspects of the job.
5. **LIFTING/CARRYING REQUIREMENTS:** **Lifting:** For each weight range, check the box that most accurately reflects the weight lifted and the height from which the object is lifted. Include example(s) for each weight range (i.e., under the 0-10 lbs range examples could include hand tools, cooking utensils, office supplies, etc.). Avoid guessing the weights of objects by weighing items or by checking weights that appear on shipping boxes, manufacturer's specifications, etc. Weights of objects are often disputed by employees and are often used by physicians in assigning specific work restrictions. **Carrying:** For each weight range, check the box that most accurately reflects the weight carried and the

distance the object is carried. Include example(s) if different than those listed under the Lifting category. Avoid guessing distances; use a tape measurement whenever possible. Indicate by name the heaviest object carried, the object's weight and the distance the object is carried.

6. **WORK ENVIRONMENT:** For each category, check if the employee is required to perform the activity. If yes, provide example(s); (i.e., for Walking or Balancing examples could include roofs, bus bumpers, school yards/playing fields, etc.).
7. **COMMENTS:** Use this section to clarify information on the form or to provide information you believe is important and that will assist the physician in making a determination regarding return-to-work status.
8. **SIGN THE COMPLETED FORM.** Include your title, your telephone number and the date on which the form was completed.

Thank you for taking the time necessary to complete the form. The completed form should be returned to:

Name: _____ Title: _____

Department: _____ Phone: _____ Fax: _____

E-Mail: _____

ESSENTIAL FUNCTIONS

This form describes the physical activities, the frequency of each activity and examples of activities required to perform the job outlined in the preceding job description. Definitions used to complete the form are:

Occasional	Up to 3 hours or 33% of an average workday
Frequent	3 to 6 hours, or 34-66% of an average workday
Constant	6+ hours, or 67-100% of an average workday
Other	Used when the activity is best described as:
N/A	Never, or not required in the position
Rare	5 minutes or less per specified time period
Infreq	Infrequent, or 6 to 30 minutes per specified time period
Intermit	Intermittent; activity is performed on a stop/start basis at periodic intervals.

JOB TITLE:	HRS/DAY	HRS/WEEK
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DEPARTMENT:

GENERAL JOB DESCRIPTION/REPRESENTATIVE DUTIES: Refer to Attached Job Description

ACTIVITY	OCC.	FREQUENT	CONSTANT	OTHER	EXAMPLES
Sitting					
Walking					
Standing					
Bending (Neck)					
Bending (Waist)					
Squatting					
Climbing					
Kneeling					
Crawling					
Twisting (Neck)					
Twisting (Waist)					
Hand Use: Dominant: R/L					
Repetitive: Y/N					
Simple Grasp (R)					
Simple Grasp (L)					
Power Grasp (R)					
Power Grasp (L)					
Fine Fingering (R)					
Fine Fingering (L)					
Push/Pull (Right)					
Push/Pull (Left)					
Reaching: Above Shoulder					
At Shoulder to Waist					
Below Waist					

JOB TITLE:

Page Two

HEIGHT: **F - From the floor** **T - Table height** **O - Overhead**

ACTIVITY	OCC.	FREQUENT	CONSTANT	OTHER	HEIGHT	EXAMPLES
Lifting						
0-10 lbs						
11-25 lbs						
26-50 lbs						
51-75 lbs						
76-100 lbs						
100+ lbs						
Carrying					DISTANCE	
0-10 lbs						
11-25 lbs						
26-50 lbs						
51-75 lbs						
76-100 lbs						
100+ lbs						
Heaviest item carried: _____ Weight: _____ Distance: _____						

WORK ENVIRONMENT	YES	NO	DESCRIPTION:
Driving cars, trucks, forklifts or other equipment			
Working around equipment or machinery			
Walking and/or balancing on uneven surfaces			
Exposure to excessive noise			
Exposure to extreme temperature/humidity/wetness			
Exposure to dust, gas, fumes, chemicals			
Working at heights			
Operation of foot controls or repetitive foot motion			
Use of special visual or auditory protective gear			
Working with or exposure to bio-hazards (i.e., blood born pathogens, sewage, hospital waste)			

Comments:

This form was completed by:

Name: _____ Title: _____ Phone: _____ Date: _____