

644 MAIN ST PO BOX 220
 MONCTON NB E1C 8L3
 TEL: 1-800-667-4511 FAX: 1-800-644-1722

230 BROWNLOW AVE DARTMOUTH
 PO BOX 2200 HALIFAX NS B3B 0G5
 TEL: 1-800-667-4511 FAX: 1-800-644-1722

PO BOX 2000 185 THE WEST MALL SUITE 1200
 ETOBICOKE ON M9C 5P1
 TELEPHONE: 1-800-355-9133 FAX: 416-626-0400

IMPORTANT: All information should pertain to the employee's regular duties immediately prior to his/her illness or injury.

Employee Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Policy No.	Identification No.
Job Title	Type of Occupation	
How long has employee worked at this job?		
Is there shift work involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of hours worked each week: _____
Usual daily hours worked From _____ To _____		
Job duties and activities. (List most important first)		Hours per day
1. _____ /		_____
2. _____ /		_____
3. _____ /		_____
4. _____ /		_____
5. _____ /		_____
Machinery, tools or equipment normally used.		Frequency of use
1. _____ /		_____
2. _____ /		_____
3. _____ /		_____
4. _____ /		_____
5. _____ /		_____

STRENGTH								
Check only those applicable to the duties of this employee								
Activities	Frequency					Weight		Comments
	Not Performed	Not Performed Daily	- 1 Hour Daily	1 - 3 Hours Daily	+ 3 Hours Daily	Usual	Max	
Lifting								
Pushing								
Pulling								
Manual Dexterity								