GUARDIAN® The Guardian Life Insurance Company of America

Physical Aspects Job Description and Requirements

Send to Group STD Claims, PO Box 14331, Lexington, KY 40512 **Customer Service: 800-268-2525** **FAX: 610-807-8270**
Documents can be returned electronically at www.GuardianAnytime.com. Click on "Secure Channel" on the Guardian Anytime home page.

Employee
Social Security #
Plan #
Claim #

1. Job title and detailed description of job duties:

2. Required education and training:

3. In an average workday, employee is required to: (circle daily requirement for each activity)

• Sit	Number of hours	1	2	3	4	5	6	7	8	9	10	11	12
• Stand	Number of hours	1	2	3	4	5	6	7	8	9	10	11	12
• Walk	Number of hours	1	2	3	4	5	6	7	8	9	10	11	12
• Drive	Number of hours	1	2	3	4	5	6	7	8	9	10	11	12

4. In an average workday, employee must:

	not at all	occasionally (15 min. – 2 1/2 hrs.)	frequently (2 1/2 – 5 1/2 hrs.)	continuously (5 1/2 + hrs.)	
• Bend/stoop	☐	☐	☐	☐	
• Climb	☐	☐	☐	☐	
• Reach above shoulder level	☐	☐	☐	☐	
• Kneel	☐	☐	☐	☐	
• Balance	☐	☐	☐	☐	
• Push/pull	☐	☐	☐	☐	
• Squat	☐	☐	☐	☐	
• Crawl	☐	☐	☐	☐	
• Crouch	☐	☐	☐	☐	
• Lift	☐	☐	☐	☐	usual amount _____ lbs. maximum amount _____ lbs.
• Carry	☐	☐	☐	☐	usual amount _____ lbs. maximum amount _____lbs.

• Use feet for repetitive movements as in operating foot controls: Right: ☐ Yes ☐ No Left: ☐ Yes ☐ No Both: ☐ Yes ☐ No

• Use hands for repetitive action such as:

	simple grasping	firm grasping	fine manipulation
Right:	☐	☐	☐
Left:	☐	☐	☐

5. Job requires:

- • Working at heights ☐ Yes ☐ No Explain _____
- • Operating heavy machinery ☐ Yes ☐ No What type: _____
- • Operating desk machines ☐ Yes ☐ No What type: _____
- • Precise manual dexterity ☐ Yes ☐ No Explain _____
- • Exposure to marked changes in temperature and humidity or extremes thereof ☐ Yes ☐ No Explain _____
- • Exposure to dust, fumes, gases, chemicals ☐ Yes ☐ No Explain _____
- • Traveling ☐ Yes ☐ No Explain _____

NON-PHYSICAL ASPECTS OF JOB

1. Does the employee have to answer customer complaints? ☐ Often ☐ Sometimes ☐ Not at all

2. Is the employee judged primarily on production? ☐ Most of the time ☐ Some of the time ☐ Occasionally

3. Must the employee depend upon the assistance of others in order to accomplish daily tasks? ☐ Yes ☐ No

   If yes, how often? ☐ Most of the time ☐ Occasionally

   How closely must the employee work with co-workers? ☐ Very Close ☐ Significant contact ☐ Minor contact

4. How many employees does this employee supervise? _____

5. How much responsibility does the employee have for the overall performance of the department? _____

6. Is this employee routinely subject to close supervision? ☐ Yes ☐ No

7. Does the employee's job consist of prescheduled activities, tasks or random assignments during the day?

   ☐ Primarily prescheduled ☐ Primarily random ☐ Both

   Please explain:

8. What percentage of the employee's time is spent meeting deadlines set by others? _____%

Additional comments:

_____ _____ _____

Signature Title Date