


<b>Employee:</b>		<b>Employer: Alcorn State University</b>			
<b>Claim #:</b>		<b>Date of Injury:</b>			
JOB DESCRIPTION: <input type="checkbox"/> FULL DUTY JOB <input type="checkbox"/> MODIFIED DUTY JOB    AVAILABLE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME					
BRIEF DESCRIPTION OF DUTIES:					
<b>Requirements:</b>	<b>Never</b>	<b>Occasionally</b>	<b>Frequently</b>	<b>Constantly</b>	 <p><b>AMFED</b> COMPANIES</p> <p>P.O. Box 1380 Ridgeland, MS 39158 1-800-264-8085</p> <p><b>Instructions:</b> Employer: Please complete both a full and modified duty job description.  Physician: Please indicate if this employee may return to work as outlined on this form by signing at the bottom.</p> <p><b>Please fax the completed form to:</b> <b>601-853-2727</b></p> <p>Walk on Uneven Ground: ___ Yes ___ No Dominant Hand Use: ___ Right ___ Left</p>
		.25-3 hours	3-5 hours	5-8 hours	
Sit					
Stand					
Drive					
Walk					
Lift/Carry 1-10 lbs					
Lift/Carry 11-20 lbs					
Lift/Carry 21-50 lbs					
Lift/Carry 51-100 lbs					
Lift/Carry over 100 lbs					
Push/Pull					
Climbing					
Balancing					
Stooping					
Kneeling					
Crouching					
Crawling					
Reaching/All Planes					
Overhead Work					
Lift/Reach					
Fine Manipulation					
Grasping					
Repetitive Use of Foot					
Repetitive Use of Hand					
<b>Other Job Requirements:</b>					
<b>This job would be classified as:</b>					
<input type="checkbox"/> <b>Sedentary Work:</b> Up to 10 lbs; a certain amount of walking and standing often occasionally necessary to perform job duties; other criteria are met, specifically the above outlined restrictions.					
<input type="checkbox"/> <b>Light Work:</b> Up to 20 lbs with frequent lifting and or carrying of objects weighing up to 10 lbs.					
<input type="checkbox"/> <b>Medium Work:</b> Up to 50 lbs with frequent lifting and/or carrying of objects weighing up to 25 lbs.					
<input type="checkbox"/> <b>Heavy Work:</b> Up to 100 lbs with frequent lifting and/or carrying of objects weighing up to 50 lbs.					
<input type="checkbox"/> <b>Very Heavy Work:</b> Max in excess of 100 lbs with frequent lift/carry objects weighing over 50 lbs.					
<b>Employer Contact:</b>		<b>Phone:</b>		<b>Title/Position:</b>	
<b>Employer Signature:</b>			<b>Date:</b>		
<input type="checkbox"/> May return to work at the job described above on ___/___/___ <input type="checkbox"/> May not return to work. Anticipated release to work ___/___/___					
<b>Additional Comments:</b>					
<b>Physician Signature:</b>			<b>Date:</b>		