

## PHYSICAL REQUIREMENTS AND CONDITIONS

Job Title/Series **Registered Nurses**

Position #'s:

This job involves a \_\_\_\_-hour workday.

The minimum physical qualifications for the above job are listed below. This information shall be used to establish a minimum standard in the evaluation of applicants for positions in the job classification and in reviewing the capabilities and physical restrictions of employees returning from occupational and illness leaves of absence.

**Note: “Rarely” = 1 - 10%    “Occasionally” = 11 - 33%    “Frequently” = 34 - 66%**

**“Continuously” = 67 - 100%**

PLEASE PLACE A CHECK (✓) IN THE COLUMN BELOW WHICH MOST ACCURATELY DESCRIBES THE FREQUENCY OF EACH  
TYPE OF PHYSICAL ACTIVITY LISTED.

| On the job you:            | Not at all | Rarely                              | Occasionally                        | Frequently                          | Continuously |
|----------------------------|------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------|
| Bend/Stoop                 |            |                                     |                                     | <input checked="" type="checkbox"/> |              |
| Squat                      |            |                                     | <input checked="" type="checkbox"/> |                                     |              |
| Crawl                      |            | <input checked="" type="checkbox"/> |                                     |                                     |              |
| Climb                      |            | <input checked="" type="checkbox"/> |                                     |                                     |              |
| Kneel                      |            |                                     | <input checked="" type="checkbox"/> |                                     |              |
| Balance                    |            |                                     |                                     | <input checked="" type="checkbox"/> |              |
| Push/Pull                  |            |                                     | <input checked="" type="checkbox"/> |                                     |              |
| Reach above shoulder level |            |                                     |                                     | <input checked="" type="checkbox"/> |              |

WEIGHT CHART -- INDICATE FREQUENCY  
(Never, Rarely, Occasionally, Frequently, Continuously)

| Activity               | Up to 10 pounds | 11 - 24 pounds | 25 - 34 pounds | 35 - 50 pounds | 51 - 74 pounds | 75 - 100 pounds | over 100 pounds |
|------------------------|-----------------|----------------|----------------|----------------|----------------|-----------------|-----------------|
| LIFT -Waist > Overhead | F               | O              | R              | R              | N              | N               | N               |
| LIFT Floor >Waist      | F               | F              | O              | R              | R              | R               |                 |
| CARRY                  | F               | F              | O              | R              | N              | N               | N               |
| PUSH                   | F               | O              | O              | R              | N              | N               | N               |
| PULL                   | F               | O              | O              | R              | N              | N               | N               |

### SPECIAL SENSORY REQUIREMENTS:

**Hearing Acuity Required?**    ☐ N/A    ☒ Average    ☐ Low

**Telephone Use Required?**    ☒ Yes    ☐ No

**Visual Acuity Required?**    ☐ N/A    ☒ Near    ☒ Far

**Color Acuity Required?**    ☒ Yes    ☐ No

**Field of Vision Required?**    ☒ Yes    ☐ No

**Video Display Terminal (VDT / Computer Monitor) Use Required?**

☒ Yes

☐ No

**Manual Dexterity Required?** ☒ Average ☐ Low Requires one or both hands/fingers? ☒ Yes ☐ No

If yes, explain. Needed to control, handle, or feel objects, tools, or controls; grasp, move or assemble small objects; make fast, repeated movements of fingers, hands, and wrists.

**Operate Moving Equipment?** ☐ Yes ☒ No

**Operate Motor Vehicles?** ☐ Yes ☒ No

**Sense of Smell Required?** ☐ Yes ☒ No

**Sense of Taste Required?** ☐ Yes ☒ No

#### EXPOSURE CATEGORIES

**Is this position in a Category 1, 2, or 3(see below for explanation)?**   1  

**Category 1.** (Tasks That Involve Exposure to Blood, Body Fluids, or Tissues)

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues or a potential for spills or splashes of them are Category 1 tasks. Use of appropriate protective measures should be required for every employee engaged in Category 1 tasks.

**Category 2.** (Tasks That Involve No Exposure to Blood, Body Fluids, or Tissues, But Employment May Require Performing Unplanned Category 2 Tasks.)

The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category 2 tasks.

**Category 3.** (Tasks That Involve No Exposure To Blood, Body Fluids, or Tissues, and Category 1 Tasks Are Not a Condition of Employment.)

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are Category 3 tasks.

#### ENVIRONMENTAL CONDITIONS

If applicable, please describe the environmental conditions associated with this job below:

**Chemicals:** \_\_\_\_\_

**Confined Spaces:** \_\_\_\_\_

**Heights:** \_\_\_\_\_

**Uneven Terrain:** \_\_\_\_\_

**Other:** \_\_\_\_\_

I certify that all statements are true and correct to the best of my knowledge:

Employee Signature

Date

Direct Supervisor Signature

Date

NOTE: THIS DOCUMENT IS TO BECOME PART OF THE OFFICIAL POSITION DESCRIPTION (SF-3) FORM.