RUTGERS
New Jersey Agricultural Experiment Station

# RUTGERS, THE STATE UNIVERSITY - OCCUPATIONAL HEALTH DEPARTMENT

**11 Bishop Place, New Brunswick, N.J. 08901-1108 Phone: 732-932-8254 Fax: 732-932-7199**

## RUTGERS COOPERATIVE EXTENSION SUPERVISOR AND PHYSICIAN FORM

This form is meant to provide physicians useful information about their patient's duties at work, and practical guidance to supervisors regarding what activities an employee may safely perform, as well as whether the employee is physically able to perform their duties.

- Supervisors- Please answer all questions in column to the left.
- Physicians- Please review the information the supervisor has provided and share your recommendations to the right.

Please do not hesitate to call us if you need assistance. Thank you for your help. Kathleen Gaioni, M.D.; Angela Gupta, M.D.

**Employee Name:** ____________________________________ **Job Title:** __________________________________________________

### Supervisor to complete: check all activities required.

1) MAXIMUM LIFT, PUSH, PULL, CARRY:

___ Moderate (max. lift 50 lbs.; frequent lift/carry 25 lbs.)

___ Light (max. lift 30 lbs.; frequent lift/carry 20 lbs.)

___ Very light (max. lift 20 lbs.; frequent lift/carry 10 lbs.)

___ Sedentary (max. lift 10 lbs.; limited walking or standing)

Frequency/Duration _________________________________________

2) USE ARMS/HANDS**:**

| | |
|---|---|
| Planting/harvesting | Yes__ No ___ |
| Routine office work | Yes__ No ___ |
| Write on blackboard-type surface | Yes__ No ___ |
| Food preparation | Yes__ No ___ |
| Computer keyboarding | Yes__ No ___ |
| Other ________________________ | |

Comments: _____________________________________________

3) DRIVE OR OPERATE VEHICLES:

| | |
|---|---|
| Auto | Yes__ No ___ |
| Van/Truck | Yes__ No ___ |
| Boat | Yes__ No ___ |
| Farm Equipment | Yes__ No ___ |
| Other _______ | Yes__ No ___ |

4) FREQUENT USE STAIRS: Yes__ No __

While carrying heavy/bulky objects Yes__ No __

Comments: _____________________________________

5) PROLONGED STANDING/WALKING: Yes__ No __

Frequency/duration/distance: ___________________________

6) PROLONGED SITTING: Yes__ No __

Frequency/duration: ___________________________________

7) OVERHEAD WORK:

| | |
|---|---|
| Writing on chalk Board | Yes__ No __ |
| Reach/lift educational materials | Yes__ No __ |
| Harvesting | Yes__ No __ |
| Filing | Yes__ No __ |

Comments: ________________________________________

### Physician recommendations: check activities permitted.

1) MAXIMUM LIFT, PUSH, PULL, CARRY:

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| | |
|---|---|
| Writing on chalk Board | Yes__ No __ |
| Reach/lift educational materials | Yes__ No __ |
| Harvesting | Yes__ No __ |
| Filing | Yes__ No __ |

Comments: ________________________________________

**Employee Name:** ________________________________________

8) KNEELING/SQUATTING: Yes__ No __
Frequency/Duration: ____________________________________

9) STOOP/BEND: Yes__ No __
Comments: ______________________________________________

10) WORK UNDER ADVERSE CONDITIONS: Yes__ No __

Non-air conditioned buildings Yes__ No __
Non-heated buildings Yes__ No __
Outdoors in summer Yes__ No __
Outdoors in winter Yes__ No __
Rough Terrain Yes__ No __

Comments: ______________________________________________

11) WORK IN ISOLATED AREAS/CONFINED SPACES: Yes__ No __
Comments: ______________________________________________

12) PERFORM DUTIES GENERATING DUST, ODORS / IRRITANT SMELLS:
Animals Yes__ No __
Agricultural chemicals Yes__ No __
Food allergy / irritant Yes__ No __

Comments: ______________________________________________

13) OPERATE EQUIPMENT WITH POTENTIALLY DANGEROUS MOVING PARTS (i.e. power tools, harvesting equipment, kitchen tools): Yes__ No __
Comments: ______________________________________________

14) WORKS WITH GENERALLY HEALTHY SENIORS, CHILDREN OR TEENS; OCCASIONAL EXPOSURE TO ILLNESSES:
Yes__ No__
Comments: ______________________________________________

15) OTHER COMMENTS: ____________________________________

**Supervisor's Signature:** ________________________________________

**Print Supervisor's Name:** ______________________________________

**Phone:** ______________________________________________________

**Fax:** ________________________________________________________

**Date:** _______________________________________________________

8) KNEELING OR SQUATTING: Yes__ No __
Frequency/Duration: ______________________________________

9) STOOP/BEND: Yes__ No __
Comments: ______________________________________________

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Comments: ______________________________________________

14) WORKS WITH GENERALLY HEALTHYSENIORS, CHILDREN OR TEENS; OCCASIONAL EXPOSURE TO ILLNESSES:
Yes__ No__
Comments: ________________________________________________

15) OTHER COMMENTS? ________________________________________

16) ARE THE ABOVE RESTRICTIONS
☐ Permanent *or* ☐ Temporary

If temporary, duration: ________________________________

**Physician's Signature:** ________________________________________

**Print Physician's Name:** _______________________________________

**Phone:** _______________________________________________________

**Fax:** _________________________________________________________

**Date:** ________________________________________________________

*Cooperating Agencies:* Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and County Boards of Chosen Freeholders. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.