

#### Are you currently employed?

- o Yes part time
- o Yes full time
- o No
- o Retired

### Name of current employer:

Current occupation:

### How long have you been at your job?

- o Less than a month
- o 1-3 months
- o 4-7 months
- o 8-12 months
- o 1-3 years
- o 4-7 years
- o 8-12 years
- o 13+ years

**Past Surgeries:** 

## **Work History**

### What best describes your type of work?

- Sedentary duty occasional lifting/carrying small items (10 lbs max); occasional walking and standing
- Light duty frequent lifting (20 lbs max) and carrying objects (10 lbs max); significant walking/standing with sitting, pushing and pulling
- Medium duty lifting (50 lbs max) with frequent lifting/carrying of objects (24 lbs max)
- Heavy duty lifting (100 lbs max) with frequent lifting/carrying of objects (50 lbs max)
- Very heavy duty lifting objects (heavier than 100 lbs max) with frequent lifting/carrying of objects (heavier than 50 lbs max)

Additi	onal n	otes/	comm	ients:	
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# **Surgical History**

Date	Surgery	Complications from past surgeries?
		Additional Comments:
Upcoming	g Surgeries:	
Date	Surgery	
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