

Job Title/Position: Registered Nurse / Licensed Practical Nurse

PHYSICAL REQUIREMENTS

The frequency of each activity will be identified by the following codes: R - Rarely (less than .5 hr per day) O - Occasionally (.5 to 2.5 hr. per day) F - Frequently (2.5 to 5.5 hr. per day) C - Continually (5.5 to 8 hr per day) NA - Not Applicable

| PHYSICAL ACTIVITIES | Code | Describe any repetition or a unique application of activity, which may be associated with this position. |
|----------------------------------|---|--|
| Sitting | F | |
| Stationary Standing | F | |
| Walking | F | |
| Ability to be Mobile | С | |
| Crouching (bend at knees) | F | |
| Kneeling/Crawling | R | |
| Stooping (bend at waist) | F | |
| Twisting (knees/waist/neck) | R | |
| Turning / Pivoting | 0 | During patient transfer |
| Climbing | 0 | Office / client location may require climbing steps |
| Balancing | F | |
| Reaching Overhead | R | |
| Reaching Extension | R | |
| Grasping | 0 | |
| Pinching | R | |
| Pushing/Pulling/Lifting/Carrying | F | During patient transfer |
| Weight ranges | F | |
| Other | Universal precautions and infection control standards must be maintained; there may be unsafe environments in a patient's home (.e.g pets). May be exposed to blood & bodily fluids, household dust, cigarette smoke, needles, and other sharp instruments, may need to use mask, goggles,or gowns. | |
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| SENSORY / COGNITIVE ACTIVITIES | Code | Describe any repetition or a unique application of activity, which may be associated with this position. |
|---|------|--|
| Talking in person using the English language | С | |
| Writing using the English language | F | |
| Talking on the telephone | С | |
| Hearing in person & on telephone | С | |
| Vision for close work | С | |
| Works independently; makes individual decisions | С | |
| Prioritizes multiple tasks | С | |

I have read and understand the position description and physical requirements for this position:

| Employee Signature: | Supervisor Signature: |
|---------------------|-----------------------|
| | |
| | |
| | |
| Date: | Date: |
| | |
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