

Injuries Involving Lifting

From where were you lifting the object? _____

How many pounds was the object you were lifting? _____

What position were you in while lifting the object? _____

What type of pain did you feel immediately after the injury? _____

Injuries Involving Falling

Where at work did you fall? _____

What part of your body did you land on? _____

What other areas were injured as a result of your fall? _____

Other Work Related Injuries

Job Analysis

What regular activities do you perform at your job? _____

How much do you regularly lift at your job? _____

Are you required to regularly bend over while lifting at your job? _____

Are your hands subject to repetitive movements? Yes No Such as? _____

How many hours are you required to regularly perform each of the following activities?

_____ SITTING _____ STANDING _____ WALKING _____ LIFTING

DATE

PATIENT'S SIGNATURE