



# Leave of Absence - Medical Release Supplemental Physical Requirements Form

## Completed by Departmental HR

**Instructions:** Please provide a list of the physical requirements that the employee is required to do to complete their day-to-day work.

Employee Name: \_\_\_\_\_ UFID: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department/Unit Name: \_\_\_\_\_

The position requires the employee be able to perform the following physical demands:

- Animal contact
- Asbestos abatement
- Commercial driving
- Climbing
- Contact with human blood or other infectious material
- Frequent reaching from the shoulder
- Heavy lifting
- BioPath
- Kneeling
- Law Enforcement
- Operation of specialized equipment or vehicle
- Patient contact
- Pesticide use
- Repetitive bending
- Repetitive pulling and pushing
- Respirator use
- Scientific diving
- Work in areas of excessive noise

If necessary, please provide additional information below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgement of Health Care Provider's Review

\_\_\_\_\_  
Name of Health Care Provider      Signature of Health Care Provider      Date