



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