

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

**FLEXIBILITY – DEXTERITY: POST JOB OFFER**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_

*Ask if person has pain/muscle strain prior to these activities.*

Activities to be Completed	Able To	NOT Able To	Remarks
1. Bend knees and reach hands to toes.			
2. Bend and place object off floor. (small object – book)			
3. Bend and place object back on floor. (small object – book).			
4. Lift and carry ( ) lb. weight 6 feet.			
5. Reach arms above shoulder level.			
6. Sit and do straight leg raises.			
7. Stand on one leg and hold for 10 seconds.			
8. Walk a straight line. (heel to toe)			

***During these activities, observe if person is:***

A. Straining or has discomfort: \_\_\_\_\_

B. Using proper body mechanics: \_\_\_\_\_

C. Using compensatory movements: \_\_\_\_\_

D. Recommend referral to company physician: Yes \_\_\_\_\_ NO \_\_\_\_\_

Remarks: \_\_\_\_\_

Test completed by: \_\_\_\_\_

Signature

Date