

JOB CAPABILITY AND SAFETY ANALYSIS WORKSHEET		DATE
Purpose: Determine whether employee medical condition impacts ability to safely & efficiently perform duties of the position		
1. EMPLOYEE DATA: Name: Command/UIC: Dept/Division/Shop:	2. INITIATED BY: Name: Title/Position: Phone: Email:	
3. REASON(S) FOR REQUEST:		
4. ESSENTIAL JOB FUNCTIONS: (Completed by Employee Supervisor/Hiring Manager)		DATE:
<ul style="list-style-type: none"> List the essential functions of the position (core duties of the job), be specific. Examples: 1. Operate a drill press. 2. Change brake pads on aircraft on flight line. 3. Drive vehicle onto flight line. 		
a.		
b.		
c.		
d.		
5. JOB CAPABILITY: (Completed by Medical Personnel)		DATE:
<ul style="list-style-type: none"> List impacts that hearing deficits (or other medical conditions) could impose on employee's ability to perform work tasks. Are workplace restrictions recommended? If so, specify. 		
a.		
b.		
c.		
d.		
6. JOB SAFETY ANALYSIS (Completed by Safety)		DATE:
<ul style="list-style-type: none"> Can the worker perform the task without personal risk or risk to others? If NO, list the specific nature of the risk(s). Example: Can't hear verbal warning near operating aircraft. Personal danger near rotating propellers. 		
a.		
b.		
c.		
d.		
7. REASONABLE ACCOMMODATIONS: (Completed by Employee Supervisor/Hiring Manager, reviewed by Medical/EEO)		DATE:
<ul style="list-style-type: none"> Can the employee safely perform the essential functions of the position with or without a Reasonable Accommodation (RA)? List the Reasonable Accommodation(s) under consideration. 		
a.		
b.		
c.		
d.		
8. FINAL DETERMINATION (Completed by Employee's Command Leadership or Designee(s))		DATE:
Select: <input type="checkbox"/> Fit for Full Duty <input type="checkbox"/> Fit for Duty with Restrictions (specify the restrictions) <input type="checkbox"/> Fit for Duty with Reasonable Accommodations (specify how employee is accommodated) <input type="checkbox"/> Not Fit for Duty		
Comments (attach supporting or clarifying documents):		
Final Approval Authority Name:	Signature:	Date: