


WORK FITNESS ASSESSMENT - FCA

Name nguyen huong Job Applying For
Date of Birth Date of Assessment 22/11/2014

Consent

The work fitness assessment is a test of your capacity to undertake work postures and work activities. The assessment will take into consideration the functional capacity required to perform the job you are applying for. You will be expected to set your own limits and will not be asked to undertake any task that you feel you can not safely perform. The evaluator will cease the assessment if in their opinion they feel you are unsafe to proceed. Each task will be fully explained to you before testing.

Is there any reason that you could not perform the work fitness assessment today? ☐ Yes ☐ No

Signed  Date 22/11/2014

Estimated Physical Demands Classification of Job Applying For

Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy ☐

Comments

Medical Screening

| | | | |
|--|-----------------------------|------------------------------|-------|
| Heart Conditions | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Lung Conditions / Asthma | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Fits/Seizures | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Medication | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Other | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| (ie Surgery, Physio, MVA, Work Injury) | | | |
| | | | |
| | | | |

Maximum Heart Rate for Assessment $220 - (\text{age}) \dots\dots\dots \times 85\% = \dots\dots\dots 149.6 \dots\dots\dots \text{bpm}$

Maximum Weight for Manual Handling Assessment (candidates weight) $\dots\dots\dots \text{kg} \times 60\% = \dots\dots\dots 0.0 \dots\dots\dots \text{kg}$

Blood Pressure $\dots\dots\dots / \dots\dots\dots$

Resting Heart Rate $\dots\dots\dots \text{bpm}$

1. Range of Motion

| ROM | Normal | Restricted | Painful |
|---------------|----------------------------|----------------------------|----------------------------|
| Neck | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Thoracic | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Lumbar | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Shoulder | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Elbow | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Wrist | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Fingers/Thumb | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Hips | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Knees | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| Ankles | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

Comments

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|-------|------|
| TOTAL | 0/20 |
|-------|------|

2. Cardio-Vascular Fitness Queens College Step Test

Heart Rate

| 30 secs | 1 min | 1 min 30 secs | 2 mins | 2 mins 30 secs | 3 mins | 1 min post |
|---------|-------|---------------|--------|----------------|--------|------------|
| | | | | | | |

Step Test Result see Work Fitness Assessment Protocol to score

| please circle | 1 | 2 | 3 | 4 | 5 |
|---------------|------|---------------|---------|------|-----------|
| Results | Poor | Below Average | Average | Good | Excellent |

Correct pace maintained for duration of assessment ☐ Yes ☐ No

Comments

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|-------|----|
| TOTAL | /5 |
|-------|----|

3. Upper Limb Fitness

3a. Empty Can Test

| | | |
|---------------|----------|----------|
| please circle | 0 | 1.25 |
| Right | Positive | Negative |
| Left | Positive | Negative |

3b. Impingement Test

| | | |
|---------------|----------|----------|
| please circle | 0 | 1.25 |
| Right | Positive | Negative |
| Left | Positive | Negative |

3c. Grip Strength

☐ / ☐

Right..... Left

| | | | | | |
|--------|-------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Male | < 40 <input type="checkbox"/> | 40 - 45 <input type="checkbox"/> | 46 - 51 <input type="checkbox"/> | 52 - 55 <input type="checkbox"/> | + 56 <input type="checkbox"/> |
| Female | < 23 <input type="checkbox"/> | 23 - 26 <input type="checkbox"/> | 27 - 29 <input type="checkbox"/> | 30 - 33 <input type="checkbox"/> | +33 <input type="checkbox"/> |

3d. Push Ups (15 Max Male, 10 Max female)

Total

| | | | | | |
|---------------|-------|-------|--------|---------|-----|
| please circle | 1 | 2 | 3 | 4 | 5 |
| Male | 1 - 5 | 5 - 8 | 9 - 12 | 13 - 15 | +15 |
| Female | 1 - 3 | 3 - 4 | 5 - 6 | 7 - 10 | +10 |

3e. Sustained above shoulder (max 120s)

Total

| | | | | | |
|--------------------------------|-------------|------------------|--------------|--------------|----------|
| please circle | 1 | 2 | 3 | 4 | 5 |
| Sustained above shoulder reach | 0 - 30 secs | 31 secs to 1 min | 1 - 1.5 mins | 1.5 - 2 mins | + 2 mins |

Comments

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TOTAL

0.0/20

4. Lower Limb Fitness

4a. Sustained Squat (max 60s)

..... secs.

| | | | | | |
|-----------------|--|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Sustained Squat | Unable to Squat <input type="checkbox"/> | 1 - 20 secs <input type="checkbox"/> | 21 - 40 secs <input type="checkbox"/> | 41 - 60 secs <input type="checkbox"/> | + 60 secs <input type="checkbox"/> |

4b. Repetitive Squat (max 20)

Total

Crepitus ☐ Yes / ☐ No

| | | | | | |
|------------------|--|--------------------------------|----------------------------------|----------------------------------|-------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Repetitive Squat | Unable to Squat <input type="checkbox"/> | 1 - 9 <input type="checkbox"/> | 10 - 14 <input type="checkbox"/> | 15 - 19 <input type="checkbox"/> | + 20 <input type="checkbox"/> |

4c. Kneeling (max 30s)

..... secs.

| | | | | | |
|----------|--|--------------------------------------|---------------------------------------|---------------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| Kneeling | Unable to Kneel <input type="checkbox"/> | 1 - 10 secs <input type="checkbox"/> | 11 - 20 secs <input type="checkbox"/> | 21 - 30 secs <input type="checkbox"/> | + 30 secs. Full kneel, stand without using hands <input type="checkbox"/> |

Comments

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TOTAL

0/15

5. Back Fitness

| | | | | | |
|--|----------------------|----------------------------|---------------------------------------|--------------------------------------|----------------------|
| 5a. Posture | | | | | |
| please circle | 1 | 2 | 3 | 4 | 5 |
| Posture | Severe Change | Moderate Change | Mild Change | Slight Change | Normal |
| 5b. Hover (on toes) | | | | | |
| please circle | 1 | 2 | 3 | 4 | 5 |
| Hover (on toes) | Unable to complete | 0 – 9 secs | 10 – 19 secs | 20 – 30 secs | + 30 secs |
| 5c. Thoracic Back Strength (max 60s) secs. | | | | | |
| please circle | 1 | 2 | 3 | 4 | 5 |
| Thoracic Strength | Unable to complete | 0 – 9 secs | 10 – 19 secs | 20 – 30 secs | + 30 secs |
| 5d. Lumbar Back Strength (max 15) Total | | | | | |
| please circle | 1 | 2 | 3 | 4 | 5 |
| Number of Repetitions | Unable to complete | 1 - 5 | 6 - 10 | 11 - 15 | + 15 |
| 5e. Waiters Bow | | | | | |
| please circle | 1 | 2 | 3 | 4 | 5 |
| Waiters Bow | Unable to complete | 0 – 29° | 30 - 49° | 50 - 70° | + 70° |
| 5f. Thomas Test | | | | | |
| please circle | 0.5 | 1 | 1.5 | 2 | 2.5 |
| Right | Hip flexion < 160° | Hip flexion 160° - 180° | Hip flexion 180° Knee flexion <90° | Hip flexion 180° Knee flexion 90° | Hip flexion > 180° |
| Left | Hip flexion < 160° | Hip flexion 160° - 180° | Hip flexion 180° Knee flexion <90° | Hip flexion 180° Knee flexion 90° | Hip flexion > 180° |
| 5g. Knee Extension | | | | | |
| please circle | 0.5 | 1 | 1.5 | 2 | 2.5 |
| Right | Knee Extension <120° | Knee Extension 120° - 139° | Knee Extension 140° - 159° | Knee Extension 160° - 179° | Knee Extension <120° |
| Left | Knee Extension <120° | Knee Extension 120° - 139° | Knee Extension 140° - 159° | Knee Extension 160° - 179° | Knee Extension <120° |

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|-------|--------|
| TOTAL | 0.0/35 |
|-------|--------|

6. Manual Handling * for safety do not test above 60% of a candidates body weight

6a. Dynamic Floor to Bench (900mm)

Max Safe Liftkg

| | | | | | | | | |
|------------------------------------|---|--------------------------------|---|---------------------------------|----|--------------------------------|----|-------------------------------------|
| 0 | 5 | 6 | 9 | 10 | 22 | 23 | 45 | +45 |
| Sedentary <input type="checkbox"/> | | Light <input type="checkbox"/> | | Medium <input type="checkbox"/> | | Heavy <input type="checkbox"/> | | Very Heavy <input type="checkbox"/> |

6b. Dynamic Bench (900mm) to Shoulder

Max Safe Liftkg

| | | | | | | | | |
|------------------------------------|---|--------------------------------|---|---------------------------------|----|--------------------------------|----|-------------------------------------|
| 0 | 3 | 4 | 5 | 6 | 11 | 12 | 23 | +23 |
| Sedentary <input type="checkbox"/> | | Light <input type="checkbox"/> | | Medium <input type="checkbox"/> | | Heavy <input type="checkbox"/> | | Very Heavy <input type="checkbox"/> |

6c. Manual Handling Technique

Comments

| | | |
|---|----------------------------|--|
| Kept load close to body | 1 <input type="checkbox"/> | |
| Kept a neutral spine | 1 <input type="checkbox"/> | |
| Demonstrated good squat position to lift load | 1 <input type="checkbox"/> | |
| Avoids trunk rotation | 1 <input type="checkbox"/> | |
| Demonstrates good base of support | 1 <input type="checkbox"/> | |

Comments

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|-------|-----|
| TOTAL | 0/5 |
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APPENDIX 1 - DEFINITIONS

Physical Demand Classifications

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| <p>Sedentary Work</p> <p>Lifting 10 lbs (4.5kg) maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met. Pushing up to 2kg force and pulling up to 2kg force occasionally at waist level</p> |
| <p>Light Work</p> <p>Lifting 20lbs (9.1kg) maximum with frequent lifting and/or carrying of objects weighing up to 10lbs (4.5kg). Even though weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling and/or leg controls. Pushing up to 5kg force and pulling up to 4kg force occasionally at waist level</p> |
| <p>Medium Work</p> <p>Lifting 50lbs (22.7kg) maximum occasionally with frequent lifting and/or carrying of objects weighing up to 25lbs (11.3kg). Pushing up to 12kg force and pulling up to 10kg force occasionally at waist level</p> |
| <p>Heavy Work</p> <p>Lifting 100lbs (45.5kg) maximum occasionally with frequent lifting and/or carrying of objects weighing up to 50lbs (22.7 kg) Pushing up to 24kg and pulling up to 20kg force occasionally at waist level</p> |
| <p>Very Heavy Work</p> <p>Lifting 100+ lbs (45.5+kg) maximum occasionally with frequent lifting and/or carrying of objects weighing up to 50+ lbs (22.7+kg). Pushing up to 34kg force and pulling up to 28kg force occasionally at waist level</p> |

Reference:

US Department of Labour Dictionary of Occupational Titles, Fourth Edition, Supplement, Appendix D, pp 101-102, 1986

Typical Weight and Frequency for each Physical Demand Level for Bench Height Lift

| Neck | Occasionally | Frequently | Constantly |
|------------|----------------------|--------------------|-------------------|
| Sedentary | < 4.5kg occasionally | | |
| Light | 9.1kg occasionally | 4.5kg frequently | 1.8kg constantly |
| Medium | 22.7kg occasionally | 11.3kg frequently | 4.5kg constantly |
| Heavy | 45.5kg occasionally | 22.7kg frequently | 9.1kg constantly |
| Very Heavy | 45.5+kg occasionally | 22.7+kg frequently | 9.1+kg constantly |

| KEY: | Non-material handling | Non-material handling | Material handling |
|-----------------|----------------------------|-----------------------------|----------------------------|
| Never – N | 0% of 8hr working day | No repetitions per day | No repetitions per day |
| Rarely – R | 1–5% of 8hr working day | 1–2 repetitions per day | 1–2 repetitions per day |
| Occasionally– O | 6-33% of 8hr working day | 0–100 repetitions per day | 3–32 repetitions per day |
| Frequently – F | 34-66% of 8hr working day | 101–800 repetitions per day | 33–200 repetitions per day |
| Constantly - C | 67-100% of 8hr working day | >800 repetitions per day | >200 repetitions per day |

Grip Strength

| KEY: | Non-material handling |
|------------|-----------------------|
| Sedentary | 6kg |
| Light | 11kg |
| Medium | 29kg |
| Heavy | 57kg |
| Very Heavy | 80kg |