

## WORK FITNESS ASSESSMENT - FCA

Name as sa Job Applying For   
Date of Birth 11/09/1990 Date of Assessment 04/12/2014

### 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 04/12/2014

### Estimated Physical Demands Classification of Job Applying For

Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy ☐

Comments

### Medical Screening

Heart Conditions ☐ No ☐ Yes

Lung Conditions / Asthma ☐ No ☐ Yes

Diabetes ☐ No ☐ Yes

Fits/Seizures ☐ No ☐ Yes

Medication ☐ No ☐ Yes

Other ☐ No ☐ Yes

(ie Surgery, Physio, MVA, Work Injury)

Maximum Heart Rate for Assessment  $220 - (\text{age}) \dots 24 \dots \times 85\% = \dots 187.0 \dots \text{bpm}$

Maximum Weight for Manual Handling Assessment (candidates weight)  $\dots 101 \dots \text{kg} \times 60\% = \dots 60.6 \dots \text{kg}$

Blood Pressure  $\dots 124 \dots / \dots 235 \dots$

Resting Heart Rate  $\dots 346 \dots \text{bpm}$

## 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
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## 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
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### 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 ..... 120 .....

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
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### 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 ..... Crepus ☐ 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
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## 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 hold	1 - 20 secs	21 - 40 secs	41 - 60 secs	+ 60 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 <180°
Left	Knee Extension <120°	Knee Extension 120° - 139°	Knee Extension 140° - 159°	Knee Extension 160° - 179°	Knee Extension <180°

TOTAL	0.0/35
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6. Manual Handling \* for safety do not test above 60% of a candidates body weight

6a. Dynamic Floor to Bench (900mm) Max Safe Lift .....7.....kg

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

6b. Dynamic Bench (900mm) to Shoulder Max Safe Lift .....8.....kg

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 checked="" 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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## Assessment Summary

Score		Comments
1. Range of Motion	0 / 20	
2. Cardio-Vascular Fitness	/ 5	
3. Upper Limb Fitness	0.0 / 20	
4. Lower Limb Fitness	0 / 15	
5. Back Fitness	0.0 / 35	
6. Manual Handling Technique	0 / 5	
Lifting Floor to Bench (900mm)	7 kg	
Lifting Floor to Bench (900mm) to Shoulder	8 kg	

TOTAL	0.0/100
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Poor	Fair	Good	Very Good	Excellent
< 60 <input checked="" type="checkbox"/>	60 - 69 <input type="checkbox"/>	70 - 79 <input type="checkbox"/>	80 - 89 <input type="checkbox"/>	90 - 100 <input type="checkbox"/>

Estimated Physical Demand Classification of Job Applying For (Please refer to Appendix 1 for definitions)

Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy ☐

Assessed Physical Capacity (Please refer to Appendix 1 for definitions)

Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy ☐

### Comments

Please document any physical restrictions from the assessment that may place the applicant at risk of performing his /her physical duties. Please document any recommendations/restrictions the applicant requires to minimize any risk of injury in the workplace.

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Signature ..... Date 04/12/2014

Name ..... Position .....

## APPENDIX 1 - DEFINITIONS

### Physical Demand Classifications

<p><b>Sedentary Work</b></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><b>Light Work</b></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><b>Medium Work</b></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><b>Heavy Work</b></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><b>Very Heavy Work</b></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