MEDICAL EVALUATION OF WORK STATUS

NNSY 6110/5 (Rev 09-03)

NAME _____

SOCIAL SECURITY NUMBER _____

CHECK NUMBER _____

☐ CLASS I QUALIFIED FOR FULL DUTY OR PAYROLL TITLE

☐ CLASS I I NOT QUALIFIED FOR FULL DUTY OR PAYROLL TITLE

ILLNESS OR INJURY _____

IMPRESSION ☐ OCC ☐ QUES ☐ NONOCC ☐ PSR

THIS REPORT IS ☐ FIRST ☐ FINAL ☐ EXTENSION

_____
MEDICAL OFFICER/NURSE

II. A. TEMPORARY RESTRICTIONS ARE RECOMMENDED AND INDICATED BELOW:

ENVIRONMENTAL FACTORS

☐ 1. OUTSIDE
☐ 2. OUTSIDE AND INSIDE
☐ 3. EXCESSIVE HEAT
☐ 4. EXCESSIVE COLD
☐ 5. EXCESSIVE HUMIDITY
☐ 6. EXCESSIVE DAMPNESS OR CHILLING
☐ 7. DRY ATMOSPHERIC CONDITIONS
☐ 8. EXCESSIVE NOISE. INTERMITTENT
☐ 9. CONSTANT NOISE
☐ 10. DUST
☐ 11. SILICA, ASBESTOS, LEAD, ETC.
☐ 12. FUMES, SMOKE OR GASES
☐ 13. SOLVENTS (DEGREASING AGENTS)
☐ 14. GREASE AND OILS
☐ 15. RADIANT ENERGY
☐ 16. ELECTRICAL ENERGY
☐ 17. SLIPPERY OR UNEVEN WALKING SURFACES
☐ 18. WORKING AROUND MACHINERY W/MOVING PARTS
☐ 19. WORKING AROUND MOVING ARTICLES OR VEHICLES
☐ 20. WORKING ON LADDERS OR SCAFFOLDING
☐ 21. WORKING BELOW GROUND
☐ 22. WORKING WITH HANDS IN WATER
☐ 23. VIBRATION
☐ 24. PROTRACTED OR IRREGULAR HOURS OF WORK
☐ 25. SPECIAL FACTORS (SPECIFY)
USE RESPIRATORY EQUIPMENT ☐
WORKING IN CONFINED SPACES ☐
ENTER 18" DIAMETER ACCESSES ☐
☐ 26. WORKING AT HEIGHTS

FUNCTIONAL FACTORS

☐ 1. HEAVY LIFTING, 45 LBS. AND OVER
☐ 2. MODERATE LIFTING, 15-44 LBS.
☐ 3. LIGHT LIFTING, UNDER 15 LBS.
☐ 4. HEAVY CARRYING, 45 LBS. AND OVER
☐ 5. MODERATE CARRYING, 15-44 LBS.
☐ 6. LIGHT CARRYING, UNDER 15 LBS.
☐ 7. STRAIGHT PULLING
☐ 8. PULLING HAND OVER HAND
☐ 9. PUSHING
☐ 10. REACHING ABOVE SHOULDER
☐ 11. USE OF FINGERS/SIMPLE GRASPING
☐ 12. BOTH HANDS REQUIRED
☐ 13. WALKING
☐ 14. STANDING
☐ 15. CRAWLING
☐ 16. KNEELING
☐ 17. REPEATED BENDING, STOOPING
☐ 18. CLIMBING STAIRS AND STEPS
☐ 19. CLIMBING LADDER
☐ 20. OPERATION OF CRANE, TRUCK, TUG, TRACTOR OR MOTOR VEHICLE
☐ 21. NEAR VISION CORRECTABLE AT 13 TO 16 INCHES TO JAEGER 1 TO 4
☐ 22. FAR VISION CORRECTABLE TO 20/20 IN ONE EYE & TO 20/40 IN THE OTHER
☐ 23. FAR VISION CORRECTABLE TO 20/100 IN ONE EYE & 20/100 IN THE OTHER
☐ 24. SPECIFIC VISUAL (SPECIFY)
☐ 25. DEPTH PERCEPTION
☐ 26. ABILITY TO DISTINGUISH BASIC COLORS
☐ 27. HEARING (AID PERMITTED)
☐ 28. HEARING WITHOUT AID
☐ 29. NOT TO ENTER CONTROLLED SURFACE CONTAMINATION AREAS
☐ 30. INSIDE ENCLOSED, CRAMMED SPACES
☐ 31. TWISTING
☐ 32. SITTING

OTHER REMARKS

DATE FULL DUTY WILL RESUME	DATE FOR RE-EVALUATION	MEDICAL OFFICER/NURSE (Last Name, First, MI)

☐ CLASS III NOT QUALIFIED FOR ANY DUTY OF PAYROLL TITLE

☐ CLASS IV NOT QUALIFIED FOR ANY IN THE SHIPYARD

DATE FOR RE-EVALUATION _____

_____
SIGNATURE MEDICAL OFFICER/NURSE

ADMINISTRATIVE ENDORSEMENT OF RESTRICTED ASSIGNMENT

	DATE	SIGNATURE OF SENIORSUPERVISOR
☐ RESTRICTED WORK ASSIGNMENT IS NOT AVAILABLE ☐ RESTRICTED WORK IS ASSIGNMENT AS RECOMMENDED		