



KITSAP COUNTY
 614 Division St.
 Port Orchard WA 98366

Employee Name: _____

PHYSICAL REQUIREMENTS: PARALEGAL

Positions in this class typically require:

- Walking short distances
- Bending, stooping, twisting
- Reaching above and/or below shoulder
- Handling/grasping documents or office equipment
- Sitting and/or standing for short or extended periods of time
- Clear speaking and adequate hearing sufficient to communicate effectively and respond appropriately in-person and/or on the telephone
- Vision sufficient to read source materials and computer screen data
- Repetitive motions for computer equipment use
- Requires exertion of force of 25 pounds occasionally, 10 pounds frequently, and/or 5 pounds continuously to lift/carry/move objects, files and documents
- Work is performed primarily in an office environment using standard office equipment

PHYSICAL AND MENTAL DEMANDS

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
1. Walking			x			Alternates standing and walking when completing job tasks
2. Balance					x	
3. Lifting	-	-	-	-	-	
0-10 lbs.			x			Office supplies, paperwork, and files
11-20 lbs.		x				
21-35 lbs.		x				
36-50 lbs.	x					
50 + lbs.	x					



KITSAP COUNTY

614 Division St.
Port Orchard WA 98366

Employee Name: _____

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
4. Carry	-	-	-	-	-	
0-10 lbs.			x			Office supplies, paperwork, and files
11-20 lbs.		x				
21-35 lbs.		x				
36-50 lbs.	x					
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs.		x				File drawers, office equipment, files
11-20 lbs.		x				
21-35 lbs.	x					
36-50 lbs.	x					
6. Climbing		x				May periodically climb stairs
7. Twisting		x				Accessing files, office supplies and equipment
8. Reaching		x				"
9. Grasping		x				Office supplies, equipment, phone
10. Stooing/ Bending		x				To access low filing cabinets/shelves
11. Sitting					x	
12. See/Hear/ Speak	-	-	-	-	-	
Sees Detail					x	Documents, computer screen
Color Discrim.					x	Files may be color coded
Visual Displays					x	Computer screen
Audible Signals					x	Supervisor's directions & phones if applicable



KITSAP COUNTY

614 Division St.
Port Orchard WA 98366

Employee Name: _____

Activity	Never 0%	Inter. 1-10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
Oral Direction					x	Supervisor's directions and interaction with co-workers
13. Working Cond/Exp.	-	-	-	-	-	
Uneven Ground	x					
Work Outside	x					
Work Inside					x	Office environment
High Elevations	x					
Moving Objects	x					
Slippery Surface	x					
Wetness	x					
Temp. Extremes	x					
Confined Spaces	x					
Special Clothing					x	semi-professional attire
Vibration	x					
Use of Solvents	x					
Use of Detergent	x					
Chemical Contact	x					
Chemical Vapors	x					
Dust or Particles		X				



KITSAP COUNTY

614 Division St.
Port Orchard WA 98366

Employee Name: _____

PHYSICIAN TO COMPLETE

SUMMARY DETERMINATION (Please check appropriate item)

- Worker can fully perform the job with no restrictions as of the date below.
- Worker requires restrictions to perform the job. The restrictions are described on the Physician's Estimate of Physical Capacities.

Physician Signature

Date

ADDITIONAL COMMENTS:
