

## ADA Essential Functions Worksheet

Date: 03/07/2018

Department: Medical Examiner's Office

Class Title: Medical Examiner - Pathologist

I verify that the following information accurately describes the essential functions of the job listed.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Title (please print)

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1. **General Purpose of the Work:**

Death investigation with performance of autopsies & examinations of decedents.

2. **Major tasks that are performed as part of the position:**

**Daily Duties:**

Examination and/or autopsies.

Work at desk – phone calls, computer work, using microscope

**Regular Periodic Duties:**

**Occasional or Infrequent Duties:**

Outside scene investigations under variable environmental conditions.

3. **Machines or equipment used in performing the Essential Functions of the job:**

Autopsy tools including knives, syringes, scissors, Kevlar gloves and respirators.

4. **Does the position require the ability to work any shifts and/or day? Specify.**

Yes, may be called in at any time for autopsy/body exam and/or scene investigation.

5. **Physical Demands and Work Conditions:** Please complete the attached checklist identifying the physical demands of the job and the work conditions under which the work is performed. Assess the amount of time required to perform those activities or work under the conditions identified. Use the criteria listed below to determine the amount of time each day: Please place an "X" in the column for the criteria.

- |                        |   |                           |
|------------------------|---|---------------------------|
| 1. <b>Occasionally</b> | = | 0 – 33% of your workday   |
| 2. <b>Frequently</b>   | = | 34 – 66% of your workday  |
| 3. <b>Continuous</b>   | = | 67 – 100% of your workday |

ACTIVITIES	YES	NO	OCC	FREQ	CONT
<b>SITTING</b>	X			X	
<b>STANDING</b>	X			X	
<b>LIFTING</b>					
0 – 20 lbs. (light)	X		X		
21 – 50 lbs. (moderate)	X		X		
51 – 100 lbs. (heavy)	X		X		
100 lbs. (very heavy)		X			
Maximum Lift: 50 lbs.	X		X		
Lifting from Arm Level	X		X		
Lifting from Floor Level	X		X		
<b>PUSHING</b>					
Light objects	X		X		
Medium objects	X		X		
Heavy objects	X		X		
On/off elevator		X			
Up/down incline		X			
<b>REPETITIVE MOTIONS</b> Type of Motion	X				X
<b>PULLING</b>					
Light objects	X		X		
Medium objects	X		X		
Heavy objects	X		X		
On/off elevator		X			
Up/down incline		X			
<b>WALKING</b>					
On smooth surface	X			X	
On uneven surface	X		X		
Up/Down Stairs	X		X		
<b>RUNNING</b>					
On smooth surface		X			
On uneven surface		X			
Up/Down Stairs		X			
<b>CLIMBING</b>					
Stairs	X		X		
Ladders	X		X		
Inclines	X		X		
Scaffolds		X			

ACTIVITIES	YES	NO	OCC	FREQ	CONT
<b>AGILITY</b>					
Balance	X				X
<b>REACHING</b>					
Below shoulder	X			X	
Above shoulder	X		X		
<b>TRUNK MOVEMENT</b>					
Rotation	X			X	
Bending forward	X			X	
Bending back	X		X		
Bending to side	X		X		
Bending down	X		X		
<b>LOW LEVEL WORK</b>					
Crawling		X			
Kneeling	X		X		
Squatting	X		X		
<b>HAND/FINGER DEXTERITY:</b>					
Fine Finger Movements	X			X	
Unilateral	X			X	
Bilateral	X			X	
Speed is vital		X			
Hold/manipulate small objects	X			X	
<b>CARRYING OBJECTS</b>					
On smooth surface	X		X		
On uneven surface		X			
Up/down stairs		X			
Up ladders or stools	X		X		
<b>DRIVING</b>					
Class "D" driver's license needed	X		X		
Commercial Driver's License Needed (specify class _____)		X			
<b>VISION</b>					
Near vision acuity	X				X
Far vision acuity	X			X	
Vision – Color Identification	X				X
Vision – Depth Identification	X				X

ACTIVITIES	YES	NO	OCC	FREQ	CONT
<b>Talking in Person</b>	X			X	
<b>Talking via Phone</b>	X			X	
<b>Hearing in Person</b>	X			X	
<b>Hearing via Phone</b>	X			X	
<b>Work Conditions</b>					
Inside	X				X
Outside	X		X		
Work with others	X				X
Work alone	X		X		
Work near others	X				X
Cramped work space: limits motion		X			
Toxic Chemicals	X		X		
Dusts		X			
Vapors / Fumes	X		X		
Heat	X		X		
Cold	X		X		
Noise	X		X		
Vibration	X		X		
Radiation	X		X		
Computer Screen Use	X			X	
Pathogens/blood and body fluids	X			X	
Respirator Use – Specify (N95)	X			X	
<b>Work Hours</b>					
Regular Overtime Required	X		X		

Many occasional activities are due to variability of scene investigation.