

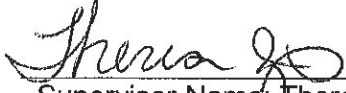
ADA Essential Functions Worksheet

Date: 8/22/2023

Department: Health & Human Services – Public Health Division

Classification Title: Public Health Nurse

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



Supervisor Name: Theresa Imp

Title: Public Health Supervisor

1. **General Purpose of the Work:** Under general supervision to assist in planning, implementing, and performing public health nursing service.

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

Daily Duties: High risk client assessment and medical case management for public health programs and communicable disease investigations for disease containment.

Regular Periodic Duties: Clinics, health care provider meetings, community educational programs. Administer immunizations, perform healthcheck exams, staff Nurse Call Center, Home visits, committee work and grant work.

Occasional or Infrequent Duties: Health fairs, staffing shelters, participating in mass clinics in public health emergency preparedness situations.

3. **Machines or equipment used in performing the essential functions of the job:** Specimen kits, scales, litmus machine, otoscope, pilot audiometer, orasure kit, thermascan, computer, hemocue, glucometer, medical emergency bags, cholesterol, sphygmomanometer, DOST kit, speculums, needles and syringes and other puncture devises, sensaphone, Bioterrorism PPE, N-95 fit testing machine.

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

Yes- First responders to public health threats, 24/7-12 hours on -12 hours off- Saturday and evening clinic hours.

5. **Physical Demands and Work Conditions:**

Complete the following activities list 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.

ACTIVITIES	Is the Activity Performed?		Frequency		
	Place an "X" in the appropriate column		If the activity is performed, place an "X" in the appropriate frequency of performance column		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

SITTING		X		X	
STANDING		X	X		
LIFTING					
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: 200 lbs.	X				
Lifting from Arm Level		X		X	
Lifting from Floor Level		X		X	
PUSHING					
Light objects		X		X	
Medium objects		X		X	
Heavy objects		X	X		
On/off elevator		X		X	
Up/down incline		X		X	

REPETITIVE MOTIONS

PULLING					
Light objects		X		X	
Medium objects		X		X	
Heavy objects	X				
On/off elevator		X		X	
Up/down incline		X		X	
WALKING					
On smooth surface		X			X
On uneven surface		X		X	
Up/Down Stairs		X	X		
RUNNING					
On smooth surface		X	X		
On uneven surface		X	X		
Up/Down stairs	X				

ACTIVITIES	Is the Activity Performed?		Frequency		
	Place an "X" in the appropriate column		If the activity is performed, place an "X" in the appropriate frequency of performance column		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

CLIMBING					
Stairs		X	X		
Ladders		X	X		
Inclines		X	X		
Scaffolds	X				

AGILITY

BALANCE		X			X
REACHING					
Below shoulder		X	X		
Above shoulder		X	X		
TRUNK MOVEMENT					
Rotation		X	X		
Bending forward		X	X		
Bending back		X	X		
Bending to side		X	X		
Bending down		X	X		
LOW LEVEL WORK					
Crawling		X	X		
Kneeling		X	X		
Squatting		X	X		
HAND/FINGER DEXTERITY:					
Fine Finger Movements		X		X	
Unilateral		X		X	
Bilateral		X		X	
Speed is vital		X	X		
Hold/manipulate small objects		X		X	
CARRYING OBJECTS					
On smooth surface		X	X		
On uneven surface		X	X		
Up/down stairs		X	X		
Up ladders or stools		X	X		

ACTIVITIES	Is the Activity Performed?		Frequency		
	Place an "X" in the appropriate column		If the activity is performed, place an "X" in the appropriate frequency of performance column		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

DRIVING					
Class "D" driver's license needed (i.e., regular driver's licence)		X		X	
Commercial Driver's License Needed (specify class _____)	X				
VISION					
Near vision acuity		X			X
Far vision acuity		X			X
Vision – Color Identification		X			X
Vision – Depth Identification		X			X
Talking in Person		X			X
Talking via Phone or On Radio		X			X
Hearing in Person		X			X
Hearing via Phone or On Radio		X			X

WORKING CONDITIONS

Inside		X			X
Outside		X	X		
Work with others		X			X
Work alone		X		X	
Work near others		X			X
Cramped workspace (limits motion)	X				
Toxic Chemicals		X	X		
Dusts		X	X		
Vapors / Fumes		X	X		
Heat		X	X		
Cold		X	X		
Noise		X	X		

ACTIVITIES	Is the Activity Performed?		Frequency		
	Place an "X" in the appropriate column		If the activity is performed, place an "X" in the appropriate frequency of performance column		
	No	Yes	Occasional 0 – 33% of the workday	Frequent 34 – 66% of the workday	Continuous 67 – 100% of the workday

Vibration		X	X		
Radiation		X	X		
Computer Work		X	X		
Pathogens/blood and body fluids		X		X	
Respirator Use (SCBA/N95)		X	X		
Gas Mask (if on CERT Team)		X	X		

WORK HOURS					
Regular Overtime Required	X				

