

Brighton Campus Chiropractors, L.L.C.

Dr. Louis Catapano & Dr. John Sciortino

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Rochester, NY 14623

(585) 272-7340

OCCUPATION DESCRIPTION

Name: _____ Date: _____

Job Title: _____

Employer: _____

Please describe your job as it relates to the following:

- 1) Amount of time you sit _____ Hours/Day
- 2) Amount of time you stand _____ Hours/Day
- 3) Amount of time you walk _____ Hours/Day
- 4) Do you use a computer? Yes/ No
- 5) Do talk on the telephone? Yes/ No
- 6) If you talk on the telephone, do you use Headset/ Speaker Phone/
Ear/ Shoulder Rest
- 7) Do you lift on the job? Yes/ No
- 8) How much do you usually lift? 3 lbs./ 5 lbs./ 10 lbs.
20 lbs./ 40 lbs./ 50 lbs.
75 lbs./ 90 lbs./ 100 lbs.
- 9) Do you lift repetitively all day long? Yes/ No
Almost all day long? Yes/ No
- 10) Do you bend and twist all day long? Yes/ No
Do you have to bend over during work? Yes/ No
- 11) Do you reach above your head during work? Yes/ No
- 13) Do you drive a vehicle daily? Yes/ No
- 14) Is your job stressful? Yes/ No
- 15) Anything else you would like us to know about your job?

Print Name: _____

Signature: _____ Date: _____