



Avec vous,
au cœur de votre sécurité

F6

Accident victim

Last name	First name	Claim number
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Employment

Job title	Business
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Physical Abilities

Loads (lifting, carrying, pulling, pushing)

☐ Less than 5 kg ☐ 5 to 10 kg ☐ 10 to 20 kg ☐ More than 20 kg

Spine (neck and back)

☐ Repetitive movements (torsion, extension)
☐ Work in a stooped position

Lower limb coordination (hips, legs, feet)

☐ Walk on uneven terrain
☐ Work in awkward positions (kneeling, squatting or crouching)
☐ Use scaffolding, ladders, stairs
☐ Use of a pedal mechanism

Upper limb coordination (shoulders, arms, hands)

☐ Carry out tasks requiring fine motor skills

Upper limb coordination (shoulders, arms, hands) – continuation

☐ Keep arms lifted for long periods without support
☐ Make movements above shoulder height
☐ Make repetitive movements

Senses

☐ Have a full visual field ☐ Distinguish smells
☐ Communicate verbally ☐ Distinguish sounds

Body position

☐ Work mainly while seated
☐ Work mainly while standing or walking
☐ Work in alternating positions

Seated: _____ Standing: _____ Walking: _____

Employment Duties

Please describe the main tasks related to the job.

Job requirements

Type of work

☐ Individual
☐ Team
☐ In contact with customers

Particularities of the job

☐ Car travel
☐ Shiftwork (e.g. day/evening/night)
☐ Sustained fast-paced work

Other characteristics

☐ Respond to unforeseen or critical situations, work under pressure
☐ Adapt to varying situations or frequent changes
☐ Maintain a high level of attention or perform challenging cognitive tasks
☐ Make crucial decisions (e.g. personnel management, coordination, problem solving)

Work Environment

Workplace

☐ Indoor ☐ Outdoor

Surroundings

☐ Cold ☐ Temperature variations
☐ Heat ☐ Vibrations
☐ Noise ☐ Dust

Occupational hazards present, specify:

Declaration

I certify that the information provided above is accurate and complete.

Signature of the accident victim or
their representative

Date (Year-Month-Day)

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:
Through the Reimbursement of Expenses and Document Submission
online service: saaq.gouv.qc.ca/envoiedocuments
By fax: 1-866-289-7952

By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

**Keep the original or
a copy for your files.**

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