

Job Description



You must fill out this form if the employee has not returned to work or is not carrying out their regular duties, even if you submit your own definition of the position.

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 this description describes the employment held at the time of the accident or relapse, as the case may be.

Employer's signature

Date (Year-Month-Day)

Last name and first name

Title or position

Telephone

Extension

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Through the Reimbursement of Expenses and Document Submission
online service: saaq.gouv.qc.ca/envoidocuments

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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