



Avec vous,  
au cœur de votre sécurité

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

<b>Loads</b> (lifting, carrying, pulling, pushing) <input type="checkbox"/> Less than 5 kg <input type="checkbox"/> 5 to 10 kg <input type="checkbox"/> 10 to 20 kg <input type="checkbox"/> More than 20 kg <b>Spine</b> (neck and back) <input type="checkbox"/> Repetitive movements (torsion, extension) <input type="checkbox"/> Work in a stooped position <b>Lower limb coordination</b> (hips, legs, feet) <input type="checkbox"/> Walk on uneven terrain <input type="checkbox"/> Work in awkward positions (kneeling, squatting or crouching) <input type="checkbox"/> Use scaffolding, ladders, stairs <input type="checkbox"/> Use of a pedal mechanism <b>Upper limb coordination</b> (shoulders, arms, hands) <input type="checkbox"/> Carry out tasks requiring fine motor skills	<b>Upper limb coordination</b> (shoulders, arms, hands) – continuation <input type="checkbox"/> Keep arms lifted for long periods without support <input type="checkbox"/> Make movements above shoulder height <input type="checkbox"/> Make repetitive movements <b>Senses</b> <input type="checkbox"/> Have a full visual field <input type="checkbox"/> Distinguish smells <input type="checkbox"/> Communicate verbally <input type="checkbox"/> Distinguish sounds <b>Body position</b> <input type="checkbox"/> Work mainly while seated <input type="checkbox"/> Work mainly while standing or walking <input type="checkbox"/> Work in alternating positions Seated: _____ Standing: _____ Walking: _____
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### Employment Duties

Please describe the main tasks related to the job.

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### Job requirements

<b>Type of work</b> <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> In contact with customers <b>Other characteristics</b> <input type="checkbox"/> Respond to unforeseen or critical situations, work under pressure <input type="checkbox"/> Adapt to varying situations or frequent changes <input type="checkbox"/> Maintain a high level of attention or perform challenging cognitive tasks <input type="checkbox"/> Make crucial decisions (e.g. personnel management, coordination, problem solving)	<b>Particularities of the job</b> <input type="checkbox"/> Car travel <input type="checkbox"/> Shiftwork (e.g. day/evening/night) <input type="checkbox"/> Sustained fast-paced work
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### 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

### Work Environment

<b>Workplace</b> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <b>Surroundings</b> <input type="checkbox"/> Cold <input type="checkbox"/> Temperature variations <input type="checkbox"/> Heat <input type="checkbox"/> Vibrations <input type="checkbox"/> Noise <input type="checkbox"/> Dust <b>Occupational hazards present, specify:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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 online service: [saaq.gouv.qc.ca/envoiedocuments](http://saaq.gouv.qc.ca/envoiedocuments)  
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 Québec (Québec) G1K 8A2

Keep the original or  
a copy for your files.

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