Société de l'assurance automobile Québec

Job Description

Erase

Claim Number _____ **Schedule 6**

You have been asked to provide this job description further to:

☐ an accident or ☐ a relapse

This form is used by the SAAQ to determine a disability period in connection with the employment described below. Please provide accurate information so that any ensuing decision is fair and complete. The SAAQ reserves the right to contact an employer for further details.

Accident Victim

To be filled out by the accident victim or by his or her representative

Accident victim's last name at birth

First name

Date of accident or relapse, as applicable — Year Month Day

Employment

To be filled out by the employer

Employer's name or business name

Address
Number Street name

P.O. box Municipality

Province or state Country Postal Code

Title of position

Date hired — Year Month Day

Expected end date (if applicable) — Year Month Day

Main duties of the position

Would you accept that the employee undertake:

- a gradual return to work? ☐ Yes ☐ No
- a lighter work load? ☐ Yes ☐ No

Check off the personal qualities required for this job.

- ☐ Independance, initiative, vitality
- ☐ Ability to think critically, analyze and summarize
- ☐ Organizational skills and discipline
- ☐ Sense of responsibility
- ☐ Stamina (vs. fatigability)
- ☐ Ability to handle stress
- ☐ Ability to adapt easily, an open mind, patience, interpersonal skills
- ☐ Good communication skills, tact, discretion, courtesy, ability to influence others

IE

Claim Number

Schedule 6

Employment

Check off the physical requirements for this job.

Physical abilities

Vision

☐ Full visual field

Senses

☐ Ability to distinguish smells ☐ Ability to distinguish sounds ☐ Ability to communicate orally

Limb coordination

☐ Upper limb coordination
☐ Upper and lower limb coordination

Physical strength

Ability to lift loads of

☐ up to 5 kg ☐ 10 kg to 20 kg
☐ up to 10 kg ☐ 20 kg or more

Body position

☐ Ability to remain seated for lengthy periods ☐ Ability to remain standing or to walk for lengthy periods ☐ Ability to work in uncomfortable positions

Specify the percentage of time spent in each position during a typical workday:

Position	%	By intervals	By extended intervals (> 20 min.)	Specify
Walking		☐ Yes ☐ No	☐ Yes ☐ No	
Standing		☐ Yes ☐ No	☐ Yes ☐ No	
Seated		☐ Yes ☐ No	☐ Yes ☐ No	

Repetitive or frequent movements: _____ % Specify: ☐ neck ☐ back ☐ other: _____

Physical surroundings

Workplace location

☐ Indoors ☐ Outdoors

Workplace conditions

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

Risks

☐ Risks to be avoided in the workplace, specify: _____

Other characteristics of the position

_____

_____

_____

_____

_____

Declaration

I certify that the above description corresponds to the employment held at the time of the accident or relapse, as applicable.

Signature of authorized person — Date: Year Month Day

X

Signature of the accident victim (if of full age) or his or her representative — Date: Year Month Day

X

Employer's name (print)

Title or function

Telephone

DO NOT WRITE IN THIS SPACE

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:
Through the Document Submission online service: saaq.gouv.qc.ca
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.