



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

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? a lighter work load?, Check off the personal qualities required for this job.



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, up to 10 kg, 10 kg to 20 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:

Table with 5 columns: Position, %, By intervals, By extended intervals (> 20 min.), Specify. Rows include Walking, Standing, and Seated.

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

Blank lines for describing 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

Signature of the accident victim (if of full age) or his or her representative

Date Year Month Day

X

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.