

Education Abroad Program Physical Requirement Assessment

This form is designed to identify the "Physical Requirements" and "Working Conditions" associated with an education abroad program. All requirements are subject to possible modification to reasonably accommodate individuals with disabilities. All program requirements identified will be included in the education abroad online application system.

Program Name: _____

Program Director: _____

General Physical Requirements

Check which of the following best describes the activities of the program.

- ☐ **Sedentary work** - Exerting up to 10 pounds of force occasionally, and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. If walking and standing are required only occasionally, and all other sedentary criteria are met, this is considered sedentary work.
 - ☐ **Light work** - Exerting up to 20 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg control requires exertion of forces greater than that of sedentary work and if the individuals sits most of the time, this is considered light work.
 - ☐ **Medium work** - Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. Mandatory daily activities may require more than two or three hours of walking and/or standing at a time.
 - ☐ **Heavy work** - Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds or force frequently, and/or up to 20 pounds of force constantly to move objects. Mandatory daily activities may require more than two or three hours of walking and/or standing at a time.
 - ☐ **Very heavy work** - Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force constantly to move objects. Mandatory daily activities may require more than two or three hours of walking and/or standing at a time.
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Essential Physical Requirements

Check which of the following best describes the essential activities of the program:

- | | | | | |
|--|------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Balancing | <input type="checkbox"/> Stooping | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Crouching |
| <input type="checkbox"/> Reaching | <input type="checkbox"/> Standing | <input type="checkbox"/> Walking | <input type="checkbox"/> Pushing | <input type="checkbox"/> Pulling |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Fingering | <input type="checkbox"/> Grasping | <input type="checkbox"/> Tactile sense | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Talking | <input type="checkbox"/> Repetitive motions | | |
| <input type="checkbox"/> Visual acuity (color, depth perception and field of vision) | | | | |

Working Conditions

Check which of the following the program participant is subject to while performing program activities:

Physical Conditions:

- | | | | |
|--------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Noise | <input type="checkbox"/> Vibration | <input type="checkbox"/> Wet and/or humid | <input type="checkbox"/> Extreme temperatures |
|--------------------------------|------------------------------------|---|---|

Hazards:

- | | | | | |
|---|--|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Chemical | <input type="checkbox"/> Explosives | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Radiant energy | <input type="checkbox"/> Infectious Diseases | | | |

Atmospheric Conditions:

- | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Fumes | <input type="checkbox"/> Odors | <input type="checkbox"/> Dusts | <input type="checkbox"/> Mists | <input type="checkbox"/> Gases |
| <input type="checkbox"/> Poor ventilation | | | | |



Additional Comments (Please provide any additional information not previously listed about the physical requirements and working conditions of the program.)