



## Job Description: Work Environment

**Job Title:** Nurse Practitioner

**Department:** Dept of IM Card Home (5030)

<b>Functional Demands Overall Rating:</b>	Light
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### Activity Level Throughout the Day (*Occasional / Frequent / Continuous*)

<b>Sitting</b>	Occasional
<b>Standing</b>	Continuous
<b>Walking</b>	Frequent
<b>Climbing</b>	NA
<b>Lifting (Floor to Waist level)</b>	10 0 0
<b>Lifting (Waist Level &amp; Above)</b>	0 0 0
<b>Push/Pull</b>	Occasional
<b>Twisting</b>	Occasional
<b>Bending</b>	Occasional
<b>Reaching Forward</b>	Occasional
<b>Reaching Overhead</b>	Occasional
<b>Squat/Kneel/Crawl</b>	Occasional
<b>Wrist Position Deviation</b>	Frequent
<b>Pinching/Fine Motor Activities</b>	Frequent
<b>Keyboard Use/Repetitive Motion</b>	Occasional
<b>Talk or Hear</b>	

### Sensory Requirements

<b>Near Vision</b>	Accurate
<b>Far Vision</b>	Accurate
<b>Color Discrimination</b>	Yes
<b>Depth Perception</b>	Accurate
<b>Hearing</b>	Accurate

### Occupational Exposure Potential

<b>Bloodborne Pathogens</b>	
<b>Chemical</b>	Anticipated
<b>Airborne Communicable Diseases</b>	
<b>Extreme Temperatures</b>	Not Anticipated
<b>Radiation</b>	
<b>Uneven Surfaces / Elevations</b>	Not Anticipated
<b>Extreme Noise Levels</b>	Not Anticipated
<b>Dust / Particular Matter</b>	Not Anticipated