

LIST OF ESSENTIAL DUTIES

EMPLOYEE NAME: _____ SECTION: _____ DATE: _____

EMPLOYER REPRESENTATIVE: _____ PHONE NUMBER: _____

ESSENTIAL DUTIES OF JOB TITLE: _____

DUTY	IS EMPLOYEE ABLE TO PERFORM THIS DUTY:	YES	NO
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

SIGNATURE OF PHYSICIAN

DATE

PLEASE PRINT NAME OF PHYSICIAN

SPECIALTY

TELEPHONE NUMBER