



Ability to Perform

I understand that the job I have been hired to perform routinely demands a high degree of physical activity including but not limited to:

- Lifting
- Climbing stairs
- Bend squatting
- Remaining on feet for long periods of time
- Etc.

PLEASE CHECK ONE

_____ To my knowledge, I have no known disabilities or physical limitations that could prevent my ability to execute the complete scope of job requirements as assigned.

_____ I do have the following disability or physical limitation(s) that could prevent my ability to execute the complete scope of job requirements as assigned.

If you checked that you have a disability or physical limitation, please explain below:

Employee Signature

Date