

**PHYSICAL DEMANDS
ACKNOWLEDGEMENT FORM**

As my employee, you will be providing services in accordance with my ISP/Care Plan. It is required that you acknowledge your ability to meet the physical demands of this position.

The physical demands include but are not limited to:

- The ability to frequently stand, walk, bend, stoop and twist throughout the workday.
- The ability to lift and/or transfer up to _____ pounds.

Other duties may include but are not limited to:

By signing this form you acknowledge that you are fully able to meet the minimum requirements as stated above.

Employee Signature

Date

Print Employee Name

Print Employer Name

Print Participant Name