JOB CAPABILITY AND SAFETY ANALYSIS

DATE

PART 1 - SURVEY REQUEST *(Completed by Examining Practitioner)*

☐ JOB CAPABILITY ☐ SAFETY ANALYSIS

REASON(S) FOR REQUEST

SIGNATURE

PART 2 - ESSENTIAL TASKS *(Completed by Appointing Official)*	**PART 3 - JOB CAPABILITY SURVEY** *(Completed by Medical Personnel)*	**PART 4 - JOB safety analysis** *(Completed by Safety)*
• List tasks a worker must perform, at a minimum, to be qualified for the position. • Be specific • Examples: 1. Operate a drill press 2. Change brake pads on aircraft on flight line 3. Drive on flight line	• Is the worker capable, considering the medical conditions above, of performing the task? • If not, will a reasonable accommodation or restriction make it possible for the worker to perform the task? *(Specify)*	• Can the worker perform the task without personal risk or risk to others. • If NO, list the specific nature of the risk(s). • EXAMPLE: Can't hear verbal warning near operating aircraft. Personal danger near rotating propellers.
(Continue on reverse)	*(Continue on reverse)*	*(Continue on reverse)*
SIGNATURE	**SIGNATURE**	**SIGNATURE**

PATIENT IDENTIFICATION

WORKPLACE ID

PAS CODE

PATIENT'S NAME

YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT	SERVICE

SPONSOR'S NAME | **GRADE**

SSN OR ID NUMBER | **ORGANIZATION**

AF Form 1754, MAY 91

PART 2 *(Continued)*	PART 3 *(Continued)*	PART 4 *(Continued)*

AF FORM 1754, MAY 91 (REVERSE)