



White Mountain Apache Fire & Rescue

RETURN TO WORK/MEDICAL RELEASE FORM

Firefighter's Name: _____ Date: _____

Firefighters returning to work after an on or off-duty injury or illness will need to be assessed on an individual basis. To ensure that this firefighter can perform his or her job as a firefighter with efficiency, a job performance checklist is provided for you to evaluate the firefighter. If the firefighter is unable to perform the duties in Section 1, please sign and complete Section 2.

Section 1:

Essential physical functions for Volunteer/Part-time/Career Firefighters

1.	Wear a 45 lb. weighted vest and walk for 3 miles in a time frame of 45 minutes.	8.	Carry 40 lbs of equipment (i.e. hose bundle, tool, etc.) up two (2) flight of stairs while wearing full firefighting PPE and SCBA.
2.	Drag charged 2 ½" hose weighing up to 75lb, 25 feet unassisted.	9.	Removing a 24 foot extension ladder weighing up to 60 lbs from the truck unassisted, position the ladder, and raise the fly section by use of a rope.
3.	Use heavy hand tools (axe, sledgehammer, etc.) repeatedly striking solid surfaces to make forcible entry into buildings.	10.	Perform exercises of push-ups, sit-ups, squats, pull-ups and a 3 mile jog.
4.	Crawl on hands and knees through zero visibility buildings/rooms with a fully charged 1 ¾" hose in hand.	11.	Drive fire apparatus up to 34 tons under emergency conditions.
5.	Ability to feel changes in temperature in zero visibility conditions.	Essential Environmental Conditions/Functions <ul style="list-style-type: none"> • Perform in slippery areas. • Work on or around moving machinery or equipment. • Work 24-48 hour shifts with little or no sleep. • Perform physically demanding tasks under extreme fluctuations in temperature. 	
6.	Drag a victim weighing more than 150 lbs. out of a building unassisted while wearing full firefighting PPE including SCBA.		
7.	Able to climb up and down a 50-75 foot ladder and maintain balance.		

Note: Full firefighter PPE includes turnout coat, pants with suspenders, boots, gloves, nomex hood and helmet. SCBA is a self-contained breathing apparatus, which includes a backpack, tank of compressed air, and mask that covers the entire face. Full firefighting PPE and SCBA worn together generally weighs in excess of 40 lbs.

		YES	NO	N/A
12.	Does the firefighter's current emotional condition in any way endanger him/herself or others in the performance of firefighter duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Is the firefighter taking any medication? If so, would the medication cause the firefighter to become dizzy, disoriented, inattentive and/or stuporous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Could any emotional limitation result in sudden or unexpected inability to perform the job duties? If so, please describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is there any additional reason why the individual cannot perform his/her duties? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read the above essential duties for Volunteer/Part-time/Career Firefighter and release _____
to: Full Duty without Restriction **OR** Modified Duty with Restrictions (complete Section 2).

(Print Only) Name – Local Health Care Professional

Signature – Local Health Care Professional

Date

(Print Only) Address

(Print Only) City, State & Zip

Telephone Number

Section 2: Complete this section if the examiner has check "Modified Duty with Restriction" in Section 1.

Physical Capabilities									
Circle the number of hours the employee can perform the particular task:									
Sit	1	2	3	4	5	6	7	8	Not Restricted
Stand	1	2	3	4	5	6	7	8	Not Restricted
Walk	1	2	3	4	5	6	7	8	Not Restricted
Employee needs to alternate between sit/stand every _____minutes/hours.									
Injury occurred on the: Torso <input type="checkbox"/> Extremities <input type="checkbox"/> Head <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Pelvis <input type="checkbox"/> Other <input type="checkbox"/>									
Check the amount of time the injured worker is able to perform the particular task:									
	Never	Occasional	Frequently	Continuously	N/A				
Hand/Wrist work									
Grasping									
Pushing/Pulling									
Fine manipulation									
Reach above shoulders									
Bend/Twist									
Kneel/Squat									
Climb stairs/ladder									
Lift 1-10 lbs.									
Lift 11-20 lbs.									
Lift 21-50 lbs.									
Lift 51-100 lbs.									
Total number of hours the worker may work: _____ (if not indicated, a full work shift of 24 hrs. will be assumed).									
If due to medical reasons the firefighter is not able to return to full duty without restrictions, please explain the details further:									
Projected date employee can return to unrestricted duties: _____/_____/_____									

_____	_____	_____
(Print Only) Name – Local Health Care Professional	Signature – Local Health Care Professional	Date
_____	_____	_____
(Print Only) Address	(Print Only) City, State & Zip	Telephone Number

Section 3: Employee Certification

I certify that I do not have, or know of any, physical or mental impairment(s), nor am I on medication, that will prohibit me from performing the aforementioned duties.

_____	_____	_____
(Print Only) Name – Firefighter	Signature – Firefighter	Date

**Return both forms to your Deputy Fire Chief to make a request for return to full or light duty.
Note: Light or modified duty is subject to funding availability.**