

## **Escambia County Fire Rescue**



## RETURN TO WORK/MEDICAL RELEASE FORM

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

Firefighter's Name:\_\_\_\_\_ Date: \_\_\_\_\_

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 75 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 such as push-ups, sit-ups, squats or pull-ups.								
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 conditions.	r emergency							
5.	Ability to feel changes in temperature in zero visibility conditions.		Essential Environmental Conditions/Functions								
6.	Drag a victim weighing more than 150 lbs. out of a building unassisted while wearing full firefighting PPE including SCBA.	<ul> <li>Perform in slippery areas.</li> <li>Work on or around moving machinery or equipment.</li> <li>Work 24-48 hour shifts with little or no sleep.</li> </ul>									
7.	Able to climb up and down a 50-75 foot ladder and maintain balance.	Perform physically demanding tasks under extreme fluctuations in temperature.									
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 wa performance of firefighter duties?										
13.	Is the firefighter taking any medication? If so, would the medizzy, disoriented, inattentive and/or stuporous.										
14.	Could any emotional limitation result in sudden or unexpect please describe.										
15.	Is there any additional reason why the individual cannot per										
I have read the above essential duties for Volunteer/Part-time/Career Firefighter and release											
(Pri	nt Only) Name – Local Health Care Professional Signature -	- Local F	Health Care Professional	Date							
	(Print Only) Address (Print Only)	nt Only)	City, State & Zip Te	Telephone Number							

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

Physical Capabilities												
Circle the nu	ımber of l	ours the	employee	can perfo	orm the pa	articular ta	ask:					
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	NO	t Restricted		
Employee needs to alternate between sit/stand everyminutes/hours.												
Injury occurred on the: Torso												
Check the amount of time the injured worker is able to perform the particular task:												
10.47.			Never		Occasional		Frequently		Continuous	ly N/A		
Hand/Wrist	work											
Grasping												
Pushing/Pulling												
Fine manipu												
Reach above		<b>S</b>										
Bend/Twist												
Kneel/Squat												
Climb stairs/ladder												
Lift 1-10 lbs.												
Lift 11-20 lb	s.											
Lift 21-50 lb	s.											
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				<u> </u>	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		