



Release for Work Performance Evaluation Form

Job Task

Below is a list of essential job tasks for a Fort Wayne Firefighter. As the attending physician, please review the tasks listed and evaluate the ability of our employee to perform these duties. If you have any questions, please call 427-1488.

The check boxes below are to be filled out by your Physician anytime you have been off work greater than 24 hrs. due to an injury, or anytime a Firefighter has exceeded 2 occurrences in a rolling calendar year .

- Performing fire-fighting tasks (crawling and lifting and carrying heavy objects) and rescue operations
- Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire-protective ensemble weighing at least 50 pounds (22.6 kg) or more, and carrying equipment/tools weighing an additional 20-40 pounds (9-18 kg)
- Wearing fire-protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration, and can elevate core temperature to levels exceeding 102.2°F (39°C)
- Searching, finding, and rescue-dragging or carrying victims as a member of a team, ranging from newborn to adult, weighing over 200 pounds (90 kg) to safety, despite hazardous conditions and low visibility
- Climbing ladders up to 100'
- Unpredictable emergency work for prolonged periods of extreme physical exertion, without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration while wearing a full face-piece respirator (Self Contained Breathing Apparatus)
- Driving a fire apparatus or other vehicles in an emergency mode with emergency lights and sirens

The Fort Wayne Fire Department offers a light duty/alternate duty program for our employees that may not be able to return to work full duty. Please indicate what restrictions you are giving our employee so we can determine their participation in our light duty program. This form is to be completed and signed by the Attending Physician at the time of your visit.

Employee may return to work:

(This portion of the form must be completed with every required physicians visit)

- Individual was physically seen in my office
- Without restrictions
- Return to work with restrictions: _____
- Limited duty:

Restrictions:

- | | | |
|-------------------------------|---|-----------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Standing/Walking | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> Sitting | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> Driving | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> Lifting/Carrying | Duration: _____ |

Physician Name: _____ Date: _____

Physician Signature: _____

Firefighter Signature: _____ Badge # _____ Date: _____