Release for Work from Injury/Illness Form

Below is a list of essential job tasks for a Fort Wayne Firefighter. As the attending physician, please review the tasks listed in ***Section A***, and evaluate, to the best of your knowledge, the ability of our employee to perform these duties if ***returning from an injury or surgery***. If you have any questions, please call 427-1478.

If returning from an illness, please skip to Section B. If you have any questions, please call 427-1478.

Section A: All check boxes below are to be filled out by your Physician anytime you have been off work greater than 24 hours ***due to an injury.***

- ☐ May perform fire-fighting tasks (crawling, climbing, lifting, dragging, chopping, and carrying objects)
- ☐ May wear fire-protective Personal Protective Equipment that may elevate core temperatures and is encapsulating and insulating
- ☐ May drive fire apparatus or other vehicles

The Fort Wayne Fire Department encourages the use of 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 evaluate their participation in our light duty program.

Return to work determination:

☐ May not return to work

☐ May return to work without restrictions

☐ May return to work with the following restrictions:

Restrictions: (Check any and all boxes that apply)

- ☐ Standing/Walking Duration:_____
- ☐ Sitting Duration:_____
- ☐ Driving Duration:_____
- ☐ Lifting/Carrying Duration:_____

Section B: The check box below is to be filled out by your Physician anytime you have been off work greater than 24 hours ***due to an illness,*** or anytime a firefighter has 3 or more occurrences in a rolling calendar year.

Employee may return to work: Check the box below (if applicable)

☐ May return to work.

(This section must be completed by Physician's office and firefighter for either section(s) completed)

Physician Name:_____ Date: ___/___/____

Physician or Authorized Personnel Signature: _____

Firefighter Name Printed:_____

Firefighter Signature:_____ Badge #:_____