



FREDERICK COUNTY GOVERNMENT

Division of Fire & Rescue Services



MEDICAL EVALUATION OF WORK STATUS FORM

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Individual's Name			Job Title:	Date
Last	First	MI		
Diagnosis:				
Current Treatment and Prognosis:				
Date of Next Appointment (Re-evaluation):				

FOR LICENSED HEALTH CARE PROVIDER'S USE ONLY – PLEASE CHECK ONE BOX ONLY.

FULL DUTY: Individual is qualified to perform in **FULL DUTY** status, *without any physical restrictions*.

Note: Full Duty status in this category includes all activities listed below.

- Driving emergency fire apparatus or ambulances.
- Lifting and/or operating heavy machinery.
- Climbing ladders up to 110 feet tall and/or raising ground ladders up to 50 feet tall.
- Exposure to a variety of infectious diseases.
- Being part of a two-person team that regularly carries an average 175 lb. patient plus the weight of the stretcher and other equipment up and down stairways and in and out of ambulances (total weight often in excess of 250 lbs.)
- Wearing protective turnout clothing (helmet, coat, pants and boots) that weighs approximately 35 lbs. (dry weight.)
- Wearing of and breathing from a self-contained breathing apparatus system that is carried on the back and weighs approximately 35 lbs. This equipment is worn on top of the protective turnout clothing listed above.
- Must be able to perform the following physical requirements: frequent standing, stooping, crawling, walking, lifting, reaching above shoulders, climbing stairs, maneuvering through confined spaces, pushing and pulling objects, and maneuvering in awkward and uncomfortable positions.
- May be subject to long periods of above listed activity with brief periods of rest.
- Individual must be able to work various shift schedules of 24 hours or more in duration. Individual may be subject to performing the above activities with little or no sleep or rest during his/her assigned shift.
- Individual must be able to perform activities related to a daily general cardiovascular and muscular development exercise program which may include weight lifting, jogging, walking, stretching, push-ups, pull-ups, sit-ups, squats, etc.

Additionally, this individual is responsible for performing firefighting, rescue, EMS and training operations that might expose him/her to extreme heat or cold, and to toxic products of combustion. Every employee must participate in a physical fitness program every workday.

ALL OF THESE ACTIVITIES OFTEN MUST BE CARRIED OUT UNDER EXTREME TEMPERATURE (HEAT OR COLD), HUMIDITY, LIGHTING AND STRESSFUL CONDITIONS.

SEE BACK OF THIS FORM FOR LIGHT DUTY PHYSICAL SKILLS REQUIREMENTS

LIGHT DUTY: Individual is not qualified for full duty at this time. Individual can perform in a temporary, Light Duty capacity for Frederick County Division of Fire/Rescue Services, at the discretion of the Division. Light Duty positions are not permanent positions. Please check off the restrictions that apply while on light duty:

- May only lift/carry up to _____ lbs.
- May not use fingers (poor dexterity)
- May not stand/walk
- May not push/pull objects
- May not use right hand/arm
- May not use left hand/arm
- May not sit for extended periods of time
- May not climb ladders/ropes
- May not reach above shoulder
- May not climb stairs/ramps
- May not bend, stoop, lean, crawl on hands and knees
- May not drive vehicles with automatic transmission
- May not drive vehicles with manual transmission
- May not work in enclosed, cramped spaces
- May not be exposed to excessive heat
- May not be exposed to excessive cold
- May not be exposed to excessive humidity
- May not be exposed to excessive noise
- May not be exposed to excessive light
- May not be exposed to excessive dryness
- May not be exposed to contact vibrations
- May not be exposed to fumes, smoke, gasses, odors
- May not be exposed to the elements (outdoor, weather)
- Other: _____

Individual is taking medications with the following side effects:

Anticipated date for employee to return to full duty:

IF "NO DUTY" STATUS IS NECESSARY, PLEASE FILL OUT THE NEXT SECTION COMPLETELY.

NO DUTY: Individual is temporarily incapacitated and unable to perform *any work*.

Individual is on home rest/hospital rest for _____ days.

Anticipated date for employee to start light duty:

Anticipated date for employee to return to full duty: _____

REMARKS: _____

THIS REPORT IS:		LICENSED HEALTH CARE PROVIDER	Phone Number:
<input type="checkbox"/> INITIAL	I have read and understand the information on position descriptions for full and light duty as described on the front and back of this page.		
<input type="checkbox"/> EXTENSION			
<input type="checkbox"/> FINAL	<hr/> <p style="text-align: center;">Signature of Attending Physician</p> <hr/> <p style="text-align: center;">Printed Name</p>		

**EMPLOYEE: ➔ YOU MUST RETURN THIS FORM TO THE DIVISION OF FIRE/RESCUE SERVICES
AND RECEIVE DIVISION APPROVAL PRIOR TO RETURNING TO WORK.**