## SOP 1121 ATTACHMENT 3 MEDICAL RELEASE FORM

Please check one:  Volunteer/Career Firefighter: Proceed to STEP 1 Employee:	
☐ Support Volunteer: Proceed to STEP 2	Date of Injury:  Description of Illness/Injury
☐ Administrative Staff: Proceed to STEP 2	
<ul> <li>Analyze situations accurately and take effective a</li> <li>Work cohesively and compatibly in a Fire Station</li> </ul> Many of the Essential Job Functions will require safety persinternal harness and suspenders, boots, gloves, nomex heal	se line weighing 75 lbs. and tools (axe, sledgehammer, etc) sighing approximately 60 lbs. self-contained breathing apparatus (SCBA) scues ession, and critical incident, and medical response scenarios ction
stressful and/or physically demanding duties consistent with require above-average ability, endurance, and superior con emergencies, under adverse environmental conditions, and	e job, incumbent safety personnel must be able to perform psychologically inferighting, disaster response, and emergency medical response. These tasks ditioning; including occasional demand for extraordinarily strenuous activities in over extended periods of time, including working in isolated areas, walking or pounds, and remaining on duty 24 hours or longer without a break while
If job specific information is needed, a more detailed jo	b description will be provided.
I have read the above essential duties for Volunteer/Career	Firefighter and release to:
☐ Full Duty without restrictions (Stop here, sign below, and	fax to (831) 438-0383.
☐ Modified Duty with restrictions (Do not sign and proceed t	o STEP 2)
Physician's Name:	
Physician's signature:	Date:/

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## Step 2: Physical Capabilities

	1	2	3	4	5	6	7	8	Not Restricted	
Stand	1	2	3	4	5	6	7	8	Not Restricted	
Walk	7	2	3	4	5	6	7	8	Not Restricted	
Employe	e need	s to alt	ternate	betwe	en sit/st	and ev	ery		<u>minutes</u>	/ hours.
Injury occurred on the: Rig		: Righ	ht Side		Left Side		B	Both Sides		
Please che	ck the an	ount of	time tha	t the inju	red work	er is able	to perfor	m the pa	rticular task:	
			ever	Occasionally (<33%)		Frequently (33-66%)		С	Continuously (67-100%) N	
Hand/Wris	t work									
Grasping									***************************************	••••
Pushing/Pu	ılling								***************************************	
Fine Manip Reach abo Shoulder	ulation									
Bend/Twist										***************************************
Knee/\$quo	******								:	
Climb Stair	'S									
Lifting 1-10	lbs.									**************************************
Liffing 11-2	0 lbs.									***************************************
Lifting 21-5	1 lbs.									
Lifting 50-1										
Total numb assumed)	er of hou	rs / day	s the wor	ker may	work:		(if	not indic	ated, a full wo	k shift will be
***************************************		laura = -							****	***************************************
Projected of	uaie emp	ioyee c	an return	io unres	iticiea di	uiies:		/		****
Have you i	nformed t	he iniu	ed works	er of the s	vork stati	us reporti	) Vae		No	
7001		c anjul	ou worke	OI AII <del>O</del> 1	TOIR SIGH	as iepoil	169		110	
	ha abarra	nhvole	al aanahii	ition and	walaaa -		l &			
havo rood t		PHARICE	ai capabil	ines and	release [	Jersonne	1 (0:			
have read t	ine above									
have read t Administr	ative Pers	onnel	(Please 1	ax to (83	1) 438.03	83				
Administr	ative Pers thout rest	onnel rictions	•	•	•					
Administr full Duty with Modified I	ative Pers thout rest Outy with	connel rictions Restrict	ions (see	above ta	ible for s	pecifics)				
Administr full Duty with Modified I	ative Pers thout rest Outy with	connel rictions Restrict	ions (see	above ta	ible for s	pecifics)				

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