



Anderson Fire Department

44 W 5th Street
Anderson Indiana 46016
765-648-6600

Release for Duty

Please Read All Instructions Carefully

This form shall be completed by the attending physician and returned to the fire department's administrative office prior to employee returning to work. This is a 2 sided form; please make sure both sides are complete!

Employee Name _____ Badge # _____ Date of Release for Duty _____

Performance Evaluation Form

Below is a list of essential job tasks for an Anderson 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 765-648-6600.

The check boxes below are to be filled out by your Physician anytime you have been off work 3 consecutive duty days or more, due to an injury or illness.

- Performing fire-fighting tasks (crawling and lifting and carrying heavy objects) and rescue operations
- 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 may progress 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

LIGHT DUTY ALTERNATIVE (SEE BACK)

The Anderson 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: _____
- Medication Limitations: _____
- Other Comments: _____
- Limited duty:
Restrictions:
 - None Standing/Walking Duration: _____
 - None Sitting Duration: _____
 - None Driving Duration: _____
 - None Lifting/Carrying Duration: _____

Next Appointment: _____

Physician Name (Printed): _____ **Date:** _____

Physician Signature: _____

Firefighter Signature: _____ **Badge #** _____ **Date:** _____

Additional Information - Levels of Light Duty

Level 1 (easiest Tasks)	Light computer work, answering phones, greeting visitors, delivering inter-office messages and mail (max weight 1 – 5 lbs.), other paperwork as required
Level 2 (Moderate)	Inspecting businesses, Pre-planning businesses, Public relations. Tasks include driving non-emergency vehicles, walking, climbing stairs in work uniform, and delivering supplies to stations.
Level 3	Assisting the mechanic, maintenance chiefs, chief instructor. Task may include delivering supplies, driving large trucks in non-emergency mode, lifting small items, using hand tools, sweeping / mopping floors, washing vehicles, or doing laundry