

Medical Certification – Release to Return to Work Form

To be completed by Health Care Provider (HCP) for Non-Work Related Illness/Injury: PLEASE PRINT LEGIBLY



7220 NE 181st ST
 Kenmore, WA 98028
 PH: (425) 354-1775
 Fax form to: HR,
 (425) 354-1781

Sec. 1: Employee complete	Employee Name: _____	Employee's Position**: _____	Visit Date: _____ / _____ / _____
	Work schedule <u>before</u> leave occurred: Hrs/shift: _____ Days/week: _____		Check one: ___ Days ___ 24hr shift

Sec. 2:	Certification (to be completed by treating HCP): The above listed employee has been examined and/or treated for a medical illness or injury that prevented them from working from (date): _____ / _____ / _____ to _____ / _____ / _____
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Section 3: Released for work? Check at least one	<input type="checkbox"/> Released to Full Duty (without restrictions) on: _____ / _____ / _____ -> SIGN SECTION 5 & FAX FORM TO (425) 354-1781 <input type="checkbox"/> Released to perform modified duty , if available, from (date): _____ / _____ / _____ through _____ / _____ / _____ <input type="checkbox"/> No restrictions to HOURS <u>OR</u> max HOURS per shift: _____ <input type="checkbox"/> No restrictions to DAYS per week <u>OR</u> max DAYS per week: _____ Date of the next appointment or review of restrictions: _____ / _____ / _____ Complete the Key Objective Findings Box (3a) and estimate physical capacities (Section 4)	(3a) Key Objective Finding(s): Describe medical facts/condition which support restrictive release:
	<input type="checkbox"/> Not released to any work from: _____ / _____ / _____ to _____ / _____ / _____ <input type="checkbox"/> Prognosis poor for return to work in current position at any date. <input type="checkbox"/> May need assistance returning to work. If employee can perform the job functions only with an accommodation, indicate what accommodation is required in Key Objective Findings box (3a). -> SIGN SECTION 5 & FAX FORM TO (425) 354-1781	

Section 4: Estimate what the employee can do	<input type="checkbox"/> Temporary Restrictions <input type="checkbox"/> Permanent Restrictions	List essential functions employee is unable to perform and/or additional restrictions: Please list any additional co morbid conditions (including medication) that require consideration when returning to work and/or impact ability to complete essential job functions. Please explain:																																																																																																																																																																
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Sec. 5: Sign	Completed by Physician (print name): _____ Date: _____ / _____ / _____ Signature: _____ Type of Practice: _____ Address of Provider: _____ PH: () _____ - _____ FAX: () _____ - _____
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****The following is a list of essential job functions employees in a Firefighter, Lieutenant or Battalion Chief position may be required to perform during active duty, per NFPA 1582 standards:**



1. Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles (PPE) and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve-type positive pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of PPE including SCBA.
4. Depending on the local jurisdiction, climbing 6 or more flights of stairs while wearing fire protective ensemble weighing at least 50lb or more and carrying equipment/tools weighing an additional 20 to 40lb.
5. Wearing fire protective ensemble that is encapsulating and insulated. Wearing this clothing 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).
6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200lb to safety despite hazardous conditions and low visibility.
7. Advancing water-filled hose lines up to 2.5 in. in diameter from fire apparatus to occupancy (approximately 150 ft.); can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments (including hot, dark, tightly enclosed spaces), further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to communicate (give and comprehend verbal orders) while wearing PPE and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers).
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members (e.g., two in, two out as described in NFPA 1500).

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, Northshore Fire Department asks that the health care provider not provide any genetic information when responding to requests for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.