



MEDICAL RELEASE FORM

Please check one:

Career/Volunteer Firefighter: **Proceed to STEP 1**
Position description _____: **Proceed to STEP 2**

Name: _____
Date of Injury: _____
Description of Injury/Illness: _____

STEP 1: 13 Essential physical functions for Combat Volunteer/Career Firefighters

1	Ability to put on full firefighting PPE (See description) within a period not to exceed 60 seconds.	9	Ability to feel changes in temperature in zero-visibility conditions.
2	Enter and crawl on hands and knees through zero-visibility buildings/rooms with a fully charged hose in hand wearing full firefighting PPE and SCBA	10	While on aerial ladder, maintain balance and a secure position while directing water through a charged hose line at fire.
3	Drag charged 2-1/2 inch hose weighing 75lbs, 25 feet unassisted.	11	Carry 150 foot hose bundle weighing 35 lbs up 2 flights of stairs while wearing full firefighting PPE and SCBA.
4	Using heavy hand tools (axe, sledgehammer, etc), repeatedly strike solid surfaces (such as door jambs) to make forcible entry into buildings.	12	Remove a 24-foot extension ladder weighing approx. 60lbs from the truck unassisted, position the ladder, and raise the halyard.
5	Wearing firefighting PPE and using hydraulic tools weighing in excess of 30 pounds that are prone to multi-directional torque, cut roof posts on an automobile and extricate people weighing over 150lbs.	13	Climb an aerial ladder to a height of 50-75 feet (5-7 stories) wearing full firefighting PPE including SCBA.
6	Wearing full firefighting PPE, pull 200 feet of uncharged 5 inch from shoulder height off a pumper and drag 50 feet to a hydrant.	Essential Environmental Conditions/Functions	
7	In zero-visibility conditions and wearing full firefighting PPE plus SCBA, crawl on hands and knees over uneven surfaces carrying forcible entry tools (Axe) for 50 feet while systematically searching for trapped person(s).	9	Perform in slippery areas.
8	Drag a victim weighing more than 150 lbs out of a building unassisted while wearing full firefighting PPE including SCBA.	9	Work on or around moving machinery or equipment.
		9	Work 24 hours shifts with little or no sleep.
		9	Perform physically demanding tasks under extreme fluctuations in temp.
		9	Avoid and protect against infectious agents.

NOTE: Full firefighting PPE includes turnout coat, pants with internal harness and suspenders, boots, gloves, nomex head protection, and helmet. SCBA is self-contained breathing apparatus, which includes a backpack, tank of compressed air, and positive-pressure mask over the entire face. Full firefighting PPE and SCBA worn together generally weighs in excess of 50 lbs (22.7 kilos)

I have read the above essential duties for Career/Volunteer Firefighter and release to:

Full Duty without restrictions (**Stop Here, Sign Below and fax to WTRFA Human Resources at 360-352-1696**)
Modified Duty with restrictions (**Do not sign and proceed to STEP 2**)

Physician's Name: _____
Physician's signature: _____ Date: ___/___/___

STEP 2: Physical Capabilities

Circle the number of hours the employee can perform the particular task:

Sit	1	2	3	4	5	6	7	8	Not Restricted
Stand	1	2	3	4	5	6	7	8	Not Restricted
Walk	1	2	3	4	5	6	7	8	Not Restricted

Employee needs to alternate between sit/stand every _____ minutes/hours.

Injury occurred on the: Right Side _____ Left Side _____ Both Sides _____

Check the amount of time the injured worker is able to perform the particular task:

	Never	Occasionally (<33%)	Frequently (33-66%)	Continuously (67-100%)	N/A
Hand/wrist work					
Grasping					
Pushing/pulling					
Fine manipulation					
Reach above shoulder					
Bend/twist					
Kneel/squat					
Climb stairs					
Lifting 1-10lbs					
Lifting 11-20lbs					
Lifting 21-51lbs					
Lifting 50-100lbs					

Total number of hours/day the worker may work: _____ (if not indicated a full work shift will be assumed)

Projected date employee can return to unrestricted duties: ___/___/___

Have you informed the injured worker of the work status report? Yes ___ No ___

I have read the above physical capabilities and release Name: _____ Position description: _____ to:
Full Duty without restrictions (Please fax to WTRFA Human Resources at 360-352-1696) Modified Duty with Restrictions (see above Table for specifics)

Physician's Name: _____
Physician's signature: _____ Date: ___/___/___