



West Thurston Regional Fire Authority

MEMBER MEDICAL RELEASE & RETURN TO WORK FORM

The Medical Release/Return to Work form must be completed in accordance with department policy #3020 when a member is injured or contracts an illness. The member is required to submit the completed form prior to being returned to their primary position, OR prior to being assigned to a light-duty position.

- If the member serves as a Firefighter/EMT for the department, the information listed in step 1 is intended to provide the medical practitioner a description of essential physical functions of a firefighter/EMT.
- If the member serves in a non-Firefighter/EMT position, the medical practitioner can assume standard Administrative functions for the position unless otherwise noted.

Step 2 (page 2) is intended to document work restrictions as prescribed by the medical practitioner.

Member Name: _____

Member Primary Position: Firefighter/EMT Administrative/Other _____

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

Medical Practitioner: Please review Step 1 below (Firefighter/EMT positions only)

STEP 1: Essential physical functions for Firefighter/EMTs			
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).	<input type="checkbox"/> Perform in slippery areas. <input type="checkbox"/> Work on or around moving machinery or equipment. <input type="checkbox"/> Work 24 hours shifts with little or no sleep. <input type="checkbox"/> Perform physically demanding tasks under extreme fluctuations in temp. <input type="checkbox"/> Avoid and protect against infectious agents.	
8	Drag a victim weighing more than 150 lbs out of a building unassisted while wearing full firefighting PPE including SCBA.		
<p>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)</p>			

I have read the above essential functions and duties of a **Firefighter/EMT** or **Administrative** position. I hereby release the member listed above 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 next page**)

Physician's Name (PRINT): _____

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 _____

List additional physical limitations:

I have read the above essential functions and duties of a **Firefighter/EMT** or **Administrative/Other** position. I hereby release the member listed above to:

 Modified Duty with Restrictions as documented above (see above Table for specifics)

Physician's Name (PRINT): _____

Physician's Signature: _____ Date: ____ / ____ / ____