



FAUQUIER COUNTY FIRE RESCUE

ORDER FOR MEDICAL TREATMENT & ENVIRONMENTAL DEMANDS SUMMARY

Employee Name: _____ Date of Treatment: _____

Position: _____ Department: **FIRE RESCUE**

Supervisor Signature: _____ Supervisor Name: _____

TO BE COMPLETED BY THE TREATING PHYSICIAN AND RETURNED TO THE EMPLOYEE AT THE TIME SERVICE IS PROVIDED.

I have seen and treated the above named patient. His/her diagnosis is: _____

I have referred this employee to a specialist. Name of Specialist: _____

Type of treatment (physical therapy, etc.): _____

Physicians: The following is a summary of the environmental demands required of Fire Rescue employees/members used to determine work restrictions or full return to duty. Please check those job functions which the employee/member **SHOULD NOT** perform, or indicate the employee can return to full duty. The form must be signed and dated by the attending or designated treating physician.

- Lifting and carrying 1 – 100 pounds or no more than _____ pounds.
- Stooping, crouching, kneeling, twisting and crawling.
- Fingering and handling functions utilizing bilateral fingers and hands.
- Bilateral upper extremity above and below shoulder reaching motions.
- Bilateral upper extremity throwing motion.
- Sitting, standing, waiting.
- Walking, running and jumping activities.
- Climbing utilizing legs and arms.
- Far, near, color, and peripheral vision.
- Hearing, talking, sense of smell and feel.
- Being outside in fair, wet, hot (>90°F), humid (>70%), dry, cold (<32°F) weather and during sudden temperature changes.
- Working with moving objects, hazardous machinery, and sharp tools or materials.
- Working in poor lighting, toxic conditions, cluttered and slippery floors, wet and close quarters.
- Working with others, around others and alone.
- Working rotating shifts (hours).
- Exposure to vibration, noise and toxic conditions.
- Wearing a positive pressure breathing apparatus.
- Working in high places.
- Operating/driving motor vehicles

Will this employee/member be on any medication that may impair their ability to safely perform the actions/duties listed above or impair their judgment? YES NO

The employee is released to full duty with no restrictions on _____

The employee may work limited duty with the above noted restrictions, until _____

The employee is off duty. Approximate return to light/full (circle one) duty is on _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PHYSICIAN'S NAME (PRINT): _____ PHONE: _____