**SAMPLE POLICY**

**SAMPLE ORGANIZATION**

**Physician’s Statement of Return to Work**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, firefighter/officer/paramedic/chief officer**

Can as of (date) perform the essential tasks of the job described below on a continuous, full time basis.

Can perform the essential tasks of the job described below on a reasonably continuous basis as of \_\_\_\_\_\_\_\_\_ (date) according to the following schedule (TRANSITIONAL RETURN TO WORK- TO SAME JOB):

Hours per day/workdays per week

Week 1: \_\_\_\_\_ hours/\_\_\_\_ days

Week 2: \_\_\_\_\_ hours/\_\_\_\_ days

Week 3: \_\_\_\_\_ hours/\_\_\_\_ days

Week 4: \_\_\_\_\_ hours/\_\_\_\_ days

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can perform the essential tasks of the job described on a reasonably continuous basis with the following temporary restrictions as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SAME JOB WITH PERMANENT RESTIRCTIONS OR MODIFICATIONS):

Comments/Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can perform the essential tasks of the job described on a reasonably continuous basis with the following temporary restrictions as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). (SAME JOB WITH PERMANENT RESTIRCTIONS OR MODIFICATIONS):

Comments/Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CANNOT** (*at this time*) (*ever*) perform the essential tasks of the job described on a reasonably continuous basis for the following objective medical reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill out and indicate approval or denial of the essential tasks of the job:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Medical Approval** | |
| **Activity:** | **Not at all** | **Occasionally** | **Frequently** | **Continuously** |  | **Approved** | **Denied** |
|  |  |  |  |  |  |  |  |
| Sit |  |  |  |  |  |  |  |
| Stand |  |  |  |  |  |  |  |
| Walk |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Bend/Stoop |  |  |  |  |  |  |  |
| Squat |  |  |  |  |  |  |  |
| Crawl |  |  |  |  |  |  |  |
| Climb/Height |  |  |  |  |  |  |  |
| Reach above shoulder level |  |  |  |  |  |  |  |
| Crouch |  |  |  |  |  |  |  |
| Kneel |  |  |  |  |  |  |  |
| Balance |  |  |  |  |  |  |  |
| Push/Pull |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Carry up to:** |  |  |  |  |  |  |  |
| Up to 10 lbs. |  |  |  |  |  |  |  |
| 11-24 lbs. |  |  |  |  |  |  |  |
| 25-34 lbs. |  |  |  |  |  |  |  |
| 35-50 lbs. |  |  |  |  |  |  |  |
| 51-74 lbs. |  |  |  |  |  |  |  |
| 75-100 lbs. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Lift up to:** |  |  |  |  |  |  |  |
| Up to 10 lbs. |  |  |  |  |  |  |  |
| 11-24 lbs. |  |  |  |  |  |  |  |
| 25-34 lbs. |  |  |  |  |  |  |  |
| 35-50 lbs. |  |  |  |  |  |  |  |
| 51-74 lbs. |  |  |  |  |  |  |  |
| 75-100 lbs. |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Requires that employee use feet for repetitive movements (as in operating foot controls):** | | | | | | | | | | | |
| **Right** | | | | **Left** | | | | **Both** | | | |
| Yes: |  | No: |  | Yes: |  | No: |  | Yes: |  | No: |  |
| **Medical Approval:** | | | | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Requires that employee use hands for repetitive actions:** | | | | | | | | | | | |
| **Simple Grasping** | | | | **Firm Grasping** | | | | **Fine Manipulating** | | | |
| Right: | Yes: | No: |  | Yes: |  | No: |  | Yes: |  | No: |  |
| Left: | Yes: | No: |  | Yes: |  | No: |  | Yes: |  | No: |  |
| **Medical Approval:** | | | | | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s Job Requires:** |  |  |  |
|  | **Yes** | **No** | **Comments:** |
| Working on unprotected Heights: |  |  |  |
| Being around moving machinery |  |  |  |
| Exposure to marked changes in temperature and humidity |  |  |  |
| Driving automotive equipment |  |  |  |
| Exposure to dust, fumes, and gases |  |  |  |

**Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



***For further information on formulation of your business policies and procedures, please contact the Risk Management Department at 1-800-822-3747 Ext. 176.***

*This sample policy is prepared by McNeil and Company Inc. as a resource for our clients. As with any policy, it should be carefully considered and approved by the proper authority prior to implementation. McNeil and Company recommends that your local legal representative also reviews the policy to verify it is consistent with local and state laws and standards prior to adoption.*