

# HAMMOND FIRE DEPARTMENT ATTENDING PHYSICIAN'S FORM

**MEMO TO FIRE/PERSONEL PERSONNEL:**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*This form must be completed and returned to the Officer in Charge as outlined in the Sick Leave Policy, Revised 01/15/2015.

**TO BE COMPLETED BY THE EMPLOYEE:**

Date OF ILLNESS OR INJURY: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_ Injury Did the injury occur while on duty? Yes No

\_\_\_\_ Illness Did the illness occur while on duty? Yes No

Doctor's Name (print): \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

**TO BE COMPLETED BY THE ATTENDING PHYSICIAN:**

**I HAVE EXAMINED THE ABOVE NAME FIRE/PERSONNEL EMPLOYEE AND RECOMMEND:**

Return to Work (Full Duty: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to Work (Limited Duty): \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_\_

Restriction For Limited Duty:  No Standing/Walking more than \_\_\_\_ Minutes/Hours at a Time with \_\_\_\_ minutes rest between.

No Use of L/R Hand/Arm for Strenuous Repetitive Activity.

No Bending/Squatting/Kneeling/Crawling/reaching with L/R Arm/Hand. (Circle)

No Heights/Climbing

No Lifting/Pushing/Pulling more than \_\_\_\_ lbs. with L/R Arm/Hand. (Circle)

Cannot Return to Work Until: \_\_\_\_/\_\_\_\_/\_\_\_\_

Next Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Chief's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_