North Whatcom Fire and Rescue
Physician's Evaluation for Return to Duty

Name of Fire Department Member _____ Date _____

Physician Instructions: Please complete the following items, based on your clinical evaluation and any other testing of the named Member. Any item that you do not believe you can answer should be marked N/A. Percentages refer to a portion of a normal workday.

I. In an 8 hour workday, the Member can:(Circle the full capacity for each activity)

Total at one time: (hours)		Total during entire 8 hour day: (hours)	
A) Sit:	0 1/2 1 2 3 4 5 6 7 8	A) Sit:	0 1/2 1 2 3 4 5 6 7 8
B) Stand:	0 1/2 1 2 3 4 5 6 7 8	B) Stand:	0 1/2 1 2 3 4 5 6 7 8
C) Walk:	0 1/2 1 2 3 4 5 6 7 8	C) Walk:	0 1/2 1 2 3 4 5 6 7 8

II. Member can lift or carry: (Address any lifting restrictions in the remarks section)

		Seldom or Never (0-1%)		Occasionally (2-33%)		Frequently (34-66%)		Continuously (67-100%)	
		Lift	**Carry**	**Lift**	**Carry**	**Lift**	**Carry**	**Lift**	**Carry**
A)	Up to 5 lbs								
B)	6-10 lbs								
C)	11-20 lbs								
D)	21-25 lbs								
E)	26-50 lbs								
F)	51-100 lbs								

III. Member can use hands for repetative tasks such as:

		Simple Grasping				Pulling and Pushing				Fine Manipulation			
A)	Right		Yes		No		Yes		No		Yes		No
B)	Left		Yes		No		Yes		No		Yes		No

IV. Member can use feet for repetative movement as in operating foot controls:

Right ☐ Yes ☐ No Left ☐ Yes ☐ No

V. Member is able to:

	Never	Seldom (0-1%)	Occasionally (2-33%)	Frequently (34-66%)	Continuously (67-100%)
A) Bend					
B) Squat					
C) Kneel					
D) Crawl					
E) Climb					
F) Reach above shoulder level					

VI. Restriction on activities involving:

	Yes	No	If yes, explain, and describe any restrictions:
A) Unprotected Heights			
B) Work around moving machinery			
C) Marked changes in temp & humidity			
D) Driving			
E) Exposure to dust, fumes, gases			

Remarks: _____

_____

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_____
Signature of Physician