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 RE PROVIDED.	TURNED TO THE EMPLO	YEE AT THE TIME SERVICE IS
I have seen and treated the above named patient. His/h	er diagnosis is:	
I have referred this employee to a specialist. Name of Sp	ecialist:	
Type of treatment (physical therapy, etc.):		
Physicians : The following is a summary of the environme employees/members used to determine work restriction which the employee/member SHOULD NOT perform, or must be signed and dated by the attending or designated	s or full return to duty. <u>indicate the employee c</u> d treating physician.	Please check those job functions an return to full duty. The form
 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. 	 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 n listed above or impair their judgment?	nay impair their ability to	safely perform the actions/duties
The employee is released to full duty with no restrict	ions on	
The employee may work limited duty with the above	noted restrictions, until	
The employee is off duty. Approximate return to ligh	t/full (circle one) duty is	on
PHYSICIAN'S SIGNATURE:		
PHYSICIAN'S NAME (PRINT):	PHONE:	