



Prince George's County Fire/EMS Department
Attending Physician's Statement/Temporary Disability Form
 -Report to be completed by employee/member and the employee/member's treating physician-

TO BE COMPLETED BY THE EMPLOYEE/MEMBER

Recurrence: Yes No

Date of Injury: _____

FD ID #: _____

Employee/Member: _____

Description of event causing injury: _____

Employment Status: Career Civilian Volunteer **Job Description:** FF/EMT FF/PM PM Admin Other

Normal Work Hours: Shift work, up to 24 hours Day work, up to 10 hours Volunteer work, averaging a/an ___ hour shift

Position Description: The employee/member shall check all that apply.

Firefighter: Firefighters are responsible for performing firefighting and rescue operations that expose them to extreme heat, toxic products of combustion, and hazardous materials. They may be required to: carry a forcible entry bag (weighing 26 lbs) and climb 46 steps, return to ground and carry another entry bag and climb 31 steps; remove a 14' roof ladder from hangers and carry ladder 75 feet without ladder touching ground; drag a person weighing approximately 150 lbs for 75 feet; as well as drive fire apparatus under emergency conditions. Studies have shown that firefighters may achieve heart rates of 85 to 100% of their maximum capacity, and that this level may be sustained for long periods of time.

EMT or Paramedic: EMTs or paramedics are required to respond utilizing lights and sirens to the scene of various types of medical emergencies as well as hazards such as fires and chemical spills. As a result, they may be exposed to infectious diseases, toxic products of combustion, hazardous vapors and temperature extremes for long periods of time. Their job entails that they be part of a two-person team that regularly lifts an average 150 lb patient and additional equipment weighing approximately 50 lbs up and down stairwells and into and out of ambulances. They are required to communicate both orally and in writing to hospitals, their supervisors, and the public.

Career Employee: Career employees assigned to Full Duty are required to participate in physical training as a part of the employee's job description. The Department conducts annual fitness performance appraisals for employees that incorporate an 85% sub-maximal graded treadmill test, maximum push-ups, maximum sit-ups, flexibility, maximal grip strength, and body mass index. All career employees are required to maintain an aerobic capacity of 42 ml/kg/min measured during Departmental medical physicals. Physical fitness training regimens may vary due to individual medical conditions but all employees who fail to obtain the prescribed aerobic capacity will not be allowed on Full Duty until the Medical Advisory Board makes a determination.

Civilian Employee: Assigned duties vary by position. The employee should provide a job description to the physician for review. Please contact the Prince George's County Fire/EMS Department, Health & Wellness office at 301-583-1951 for additional information.

TO BE COMPLETED BY PHYSICIAN – Medical Condition

Date of Medical Appointment: _____

Is the injury or illness related to the patient's involvement with the PGC Fire/EMS Department? Yes No Unknown

Diagnosis (Primary diagnosis and secondary conditions, including any complications): _____

Treatment Plan: _____

TO BE COMPLETED BY PHYSICIAN continued – Work Status

Work Status: Check the appropriate work status block and complete any additional information requested based on the employee/member’s medical diagnosis, treatment plan and capacity to work. An employee can only be placed on disability leave or light duty from the Fire/EMS Department upon receipt of this completed, signed and dated form.

The Fire/EMS Department Physician and/or Medical Advisory Board may review your medical evaluations, objective findings and work status determination. They may require additional medical information, Department physical, or an independent medical evaluation prior to authorizing an employee to return to work. They may also approve, deny, or change the employee’s work status.

FULL DUTY: All assigned activities as applicable and listed in the position description(s), regardless of present work assignment, may be performed as well as any applicable physical training requirements. Physical training requirements may be altered, but prescribed aerobic capacity must be met in order to qualify for full duty.

Date released to full duty: _____ Alterations in physical training requirement: _____

LIGHT DUTY: No assigned activities as applicable and listed in the position description may be performed and the employee/member may not continue in a full duty assignment. A light duty assignment normally is an 8-hour/day work assignment. The Department can accommodate most work restrictions and limitations with modified/alternative work assignments and hours. If the patient demonstrates a limited loss of function, please provide restrictions and limitations and the date they began below.

Restrictions (what the patient should not do): _____

Limitations (What the patient cannot do): _____

Date released to full duty: _____ - or - Date of next appointment/evaluation (30 day max): _____

NO DUTY: Employees/members shall be considered on light duty unless there is total incapacity and inability to perform any assigned work. This employee/member is temporarily and totally incapacitated and unable to perform any assigned work. The employee is required to remain at home recuperating except for medical visits, legal visits related to the injury and/or family emergencies. The medical reason for the employee/member’s total incapacitation and inability to work light duty with listed restrictions or limitations is: _____

Failure of the physician to justify why the employee is totally disabled and unable to work in a light duty capacity with appropriate restrictions may prevent the employee from being eligible for Disability Leave.

Date released to full duty or light duty _____ - or - Date of next appointment/evaluation (30 day max): _____

REQUIRED ATTACHMENTS AND SIGNATURES

Please make sure that office notes, test results, and discharge summaries are attached or provided to the Prince George’s County third party claims administrator. This will help reduce additional requests.

FRAUD NOTICE: Any person who knowingly files a false statement of claim containing false or misleading information is subject to criminal penalties, civil penalties, and for employees/members, disciplinary action up to and including dismissal. This includes Employee and Attending Physician portions of this form.

Name of Physician (print) _____ Degree: _____ Medical Specialty: _____

Street Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____ Fax #: _____

Signature of Physician: _____ Date: _____

*Note: If you have any questions regarding this form, the individual’s job description(s), etc. please contact the Prince George’s County Fire/EMS Department, Health & Wellness office at 301-583-1951.



Prince George's County Fire/EMS Department
REQUEST FOR LIGHT DUTY: NON-JOB RELATED

NAME: _____ DATE: _____

STATION/ASSIGNMENT: _____ RANK: _____

SUPERVISOR: _____

BATTALION CHIEF/VOLUNTEER CHIEF: _____

PHYSICAL LIMITATIONS: _____

LENGTH OF DISABILITY: _____

WORK RESTRICTIONS: _____

LEAVE BALANCES AS OF LAST PAY PERIOD:

ANNUAL HOURS: _____ PRIOR ANNUAL: _____ COMP HOURS: _____

SICK HOURS: _____ PRIOR SICK: _____

YEARS IN DEPARTMENT: _____

List any special abilities/training you may have, such as: Haz -Mat, Computer, etc.: _____

This form, along with a completed Attending Physician's Statement/Temporary Disability Form, must be submitted through your chain-of-command to HEALTH & WELLNESS for approval.

SUPERVISOR'S SIGNATURE/COMMENTS: _____

BATTALION CHIEF/VOLUNTEER CHIEF'S SIGNATURE/COMMENTS: _____

ASSISTANT FIRE CHIEF'S SIGNATURE/COMMENTS: _____

HEALTH & WELLNESS SIGNATURE/COMMENTS: _____

FIRE CHIEF: APPROVAL _____ DENIAL _____ DATE _____



PRINCE GEORGE'S COUNTY, MARYLAND
FIRE/EMS DEPARTMENT



LIGHT DUTY ASSIGNMENT FORM

| | |
|----------------------------------|-----------------------------|
| EMPLOYEE'S NAME: _____ | PHONE NUMBER: _____ |
| ASSIGNED DIVISION/COMMAND: _____ | |
| SUPERVISOR'S NAME: _____ | PHONE NUMBER: _____ |
| ASSIGNMENT START DATE: _____ | ANTICIPATED DURATION: _____ |

GENERAL ORDER 08-16 and 08-09

Health & Wellness will make all assignments of career and civilian personnel to light duty assignments. Assignments will be based upon:

- The needs of the Fire/EMS Department
- The medical information provided by the treating/examining physician, medical records, and/or the Medical Advisory Board
- The particular talents, qualifications, and rank of the light duty employee

Employees detailed to a light duty assignment will be informed as to whom their light duty assignment supervisor will be via this form. **The light duty supervisor will be responsible for the employee's administrative functions, i.e., verifying light duty hours on the time sheet and day-to-day leave used.** Health & Wellness will review time sheets for final verification, etc.

Employees will remain on light duty until they are released by their physician or ordered back to full duty by the Fire Chief (or designee). The employee will report to Health & Wellness with the completed Attending Physician's Statement Temporary Disability Form, indicating the physician has released the employee to full duty. The employee will report to Health & Wellness with the completed Attending Physician's Statement Temporary Disability Form.

Section I: Attending Physicians Statement Requirement

Employees assigned to light duty will submit an update to Health & Wellness at least every 30 days, completed by their treating physician, using the Attending Physician's Statement Temporary Disability Form.

Section II: Sick, Annual and Comp Leave

Employees assigned to light duty will make all requests for Personal, Sick, Annual, or Comp leave through the assigned supervisors, or through that assigned supervisor's chain-of-command.

Section III: Disability Leave

All requests for disability leave will be sent to Health & Wellness prior to the scheduled appointment. A maximum of four (4) hours/day of disability leave will be allowed for a physician/medical specialist office visit or follow-up appointment, unless written verification is received from the physician/medical specialist indicating the medical need for more time. This provision is for treating doctor's visit only as per current Labor Agreement or Personnel Law.

An employee who does not have the proper medical verification for disability leave or is not in compliance with their current Medical Advisory Board/Disability Review Board ruling may be subject to the provisions of Personnel Law Section 16-226, Absence without leave. Conversion to other leave may be approved by the Fire Chief upon presentation of acceptable proof by the employee that the unauthorized absence of the employee was due to extenuating circumstances beyond the employee's control. This request must be in writing to the Fire Chief within two (2) weeks of the acceptable proof.

Section IV: Work Restrictions (To be completed by Health & Wellness)

Section V: Assigned Duties and Tasks (To be completed by Health & Wellness and/or assigned Supervisor)

Section VI: Acknowledgement

I acknowledge that I have read and agree to the contents of this form as they are consistent with General Order 08-16 and 08-09.

Employee's Full Name (Signature)

Date

Supervisor's Full Name (Signature)

Date