


Fire Department:	Full Duty Release				Employers Job Description Form Medical Provider Return to Work (RTW) Evaluation Job of Injury – Full Duty Release
HR Contact:	<i>Health Care Provider: Complete the Healthcare Provider section below and return to HR Contact.</i>				
Worker Name:			L&I Claim #:		
Department:			Job Title:		Firefighter/EMT/Paramedic
Phone #:			Work Hours:		<input type="checkbox"/> 24 Hour Shift <input type="checkbox"/> 8 Hour Day Shift
Employer Representative:			Date:		
Employer Signature:			Employee Signature:		
<p>Essential Job Duties: Firefighters perform skilled emergency and non-emergency tasks in areas of fire prevention, fire suppression, hazardous materials, technical rescue, emergency or disaster preparedness, and emergency medical services (EMS) for the protection of life and property. Drives, operates, and maintains fire department equipment and apparatus. Provides emergency medical service and pre-hospital care to the sick and injured. Drives or rides in fire department apparatus; operates and maintains equipment; extends, connects, and operates hoses and nozzles; raises and climbs ladders; uses chemicals, extinguishing agents; and other tools and equipment as required. Ventilates structures, performs salvage operations, and other tasks as directed. Removes citizens and firefighters from danger and administers emergency medical services as required. Responsible for emergency triage and treatment of patients in varied settings; may transport patients for further treatment. Participates in training and attends classes in firefighting, emergency medical services, disaster control, and other areas as directed; maintains skill level to prevent degradation of skills. Performance of hazardous tasks requiring strenuous physical exertion may occur for long periods of time under extremely adverse and stressful conditions.</p> <p style="text-align: right;">Full Job Analysis WFC 252-072-000-FD for detailed essential job duties.</p>					
<p>Machinery, tools, equipment and personal protective equipment: Wears full firefighter protective clothing; bunker gear, boots, helmet and gloves. Operates emergency medical aid unit, portable defibrillators, fire apparatus, fire pumps, hoses, and other standard firefighting equipment, Jaws of Life, emergency medical equipment, radio, pager, computers, and phones. Operates chain saws, small engine equipment, and tools.</p>					
Frequency Guidelines:		N: Never (not at all)		S: Seldom (1-10% of the time)	
O: Occasional (11-33% of the time)		F: Frequent (34-66%)		C: Constant (67-100%)	
Physical Demands		Frequency		Description of Task	
Sitting		O-F		While driving fire engine, ladder truck & ambulance, desk work, training	
Standing		F		While training, inspecting, responding to fire/EMS calls	
Walking		F		While training, inspecting, responding to fire/EMS calls	
Heights/Ladders/Stairs		O&F		Heights & Ladders = 0 Stairs= F	
Twisting at the Waist		F		Awkward positions reaching / moving patients & firefighting	
Bending/Stooping		F		Assessing & lifting patients / giving CPR/ handling fire hoses	
Squatting/Kneeling/Crawling		O-F		During training & fire calls working in confined space	
Reaching Out		L R B		O-F	
Working above Shoulders				x O	
Handling/Grasping				x O-F	
Fine Finger Manipulation				x O-F	
Foot Controls				x F	
Driving				x F	
Repetitive Motion				x O-F	
Talking/Hearing/Seeing				x C	
Vibratory Tasks HI <input type="checkbox"/> LO <input type="checkbox"/>				x S-F	
Lifting (1 - 200+) lbs				x S-F	
Carrying (1 - 200+) lbs				x O-F	
Pushing/Pulling (1 - 200+) lbs				x S-O	
RETURN TO WORK STATUS & RELEASE SECTION FOR HEALTH CARE PROVIDER USE ONLY					
(Physician Billing Code 1038-M Limit one per day, 1028-M additional review up to 5 per day)					
Does the firefighter's current emotional and physical condition in any way endanger him/herself in the performance of firefighting duties? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the firefighter taking any medication that would cause them to be disoriented or dizzy during the performance of firefighting duties? <input type="checkbox"/> Yes <input type="checkbox"/> No Approval for Full Duty Return to Work: <input type="checkbox"/> Yes <input type="checkbox"/> No Approved Hours: <input type="checkbox"/> 24 Hour Shift <input type="checkbox"/> 8 Hour Day Shift				Other Forms Required: <input type="checkbox"/> Activity Prescription Form F242-385-000 Other Comments: Health Care Provider Printed Name: _____ Signature: _____ Date: _____ Effective Date of Release: _____	