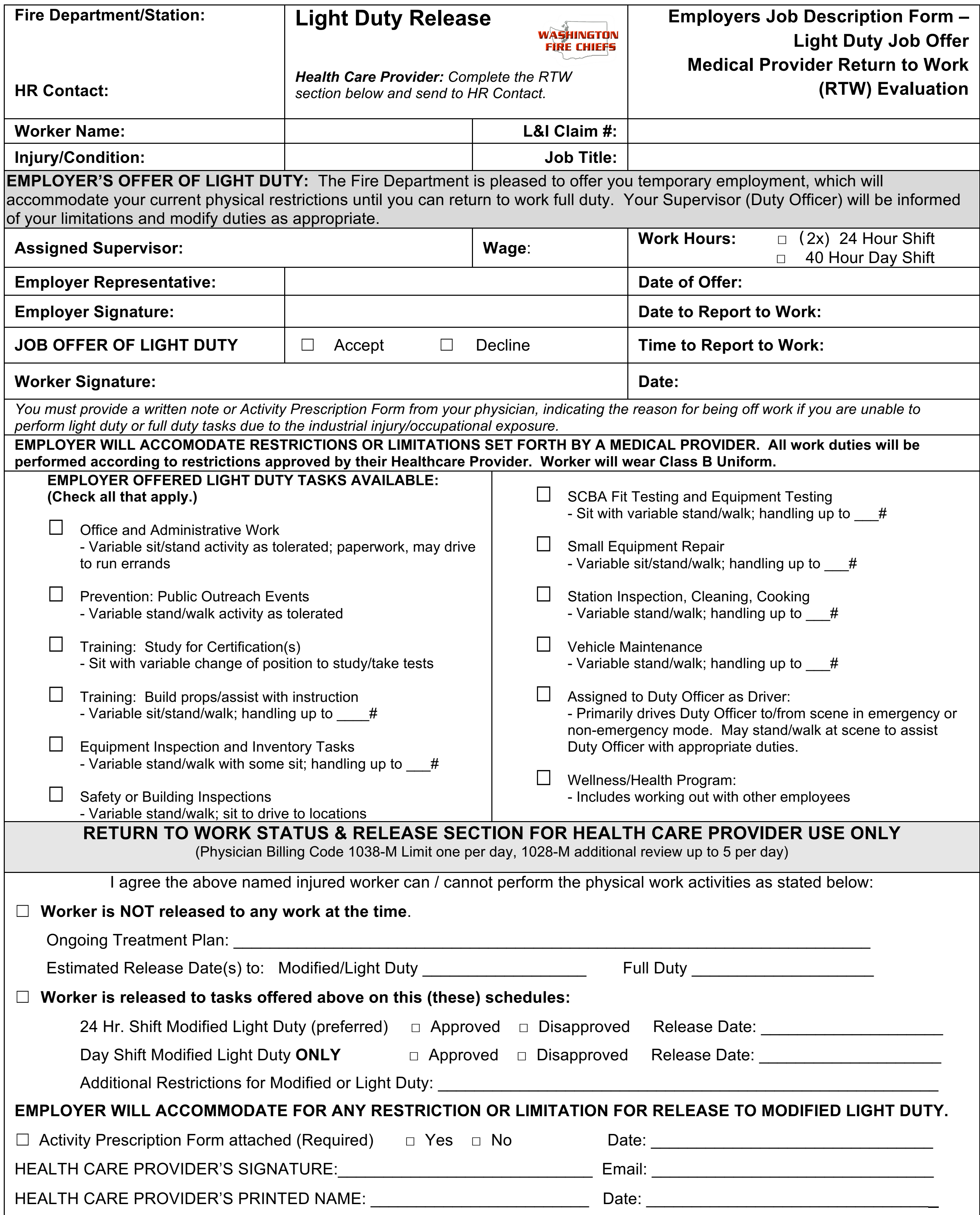

Fire Department/Station: HR Contact:	**Light Duty Release** WASHINGTON FIRE CHIEFS ***Health Care Provider:*** *Complete the RTW section below and send to HR Contact.*	**Employers Job Description Form – Light Duty Job Offer Medical Provider Return to Work (RTW) Evaluation**

Worker Name:		**L&I Claim #:**	
Injury/Condition:		**Job Title:**	

EMPLOYER'S OFFER OF LIGHT DUTY: The Fire Department is pleased to offer you temporary employment, which will accommodate your current physical restrictions until you can return to work full duty. Your Supervisor (Duty Officer) will be informed of your limitations and modify duties as appropriate.

Assigned Supervisor:	**Wage**:	**Work Hours:** ☐ (2x) 24 Hour Shift ☐ 40 Hour Day Shift
Employer Representative:		**Date of Offer:**
Employer Signature:		**Date to Report to Work:**
JOB OFFER OF LIGHT DUTY	☐ Accept ☐ Decline	**Time to Report to Work:**
Worker Signature:		**Date:**

You must provide a written note or Activity Prescription Form from your physician, indicating the reason for being off work if you are unable to perform light duty or full duty tasks due to the industrial injury/occupational exposure.

EMPLOYER WILL ACCOMODATE RESTRICTIONS OR LIMITATIONS SET FORTH BY A MEDICAL PROVIDER. All work duties will be performed according to restrictions approved by their Healthcare Provider. Worker will wear Class B Uniform.

EMPLOYER OFFERED LIGHT DUTY TASKS AVAILABLE:
(Check all that apply.)

- ☐ Office and Administrative Work
  - Variable sit/stand activity as tolerated; paperwork, may drive to run errands
- ☐ Prevention: Public Outreach Events
  - Variable stand/walk activity as tolerated
- ☐ Training: Study for Certification(s)
  - Sit with variable change of position to study/take tests
- ☐ Training: Build props/assist with instruction
  - Variable sit/stand/walk; handling up to ____#
- ☐ Equipment Inspection and Inventory Tasks
  - Variable stand/walk with some sit; handling up to ___#
- ☐ Safety or Building Inspections
  - Variable stand/walk; sit to drive to locations
- ☐ SCBA Fit Testing and Equipment Testing
  - Sit with variable stand/walk; handling up to ___#
- ☐ Small Equipment Repair
  - Variable sit/stand/walk; handling up to ___#
- ☐ Station Inspection, Cleaning, Cooking
  - Variable stand/walk; handling up to ___#
- ☐ Vehicle Maintenance
  - Variable stand/walk; handling up to ___#
- ☐ Assigned to Duty Officer as Driver:
  - Primarily drives Duty Officer to/from scene in emergency or non-emergency mode. May stand/walk at scene to assist Duty Officer with appropriate duties.
- ☐ Wellness/Health Program:
  - Includes working out with other employees

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)

I agree the above named injured worker can / cannot perform the physical work activities as stated below:

☐ **Worker is NOT released to any work at the time**.

Ongoing Treatment Plan: ____

Estimated Release Date(s) to: Modified/Light Duty __________________ Full Duty ____________________

☐ **Worker is released to tasks offered above on this (these) schedules:**

24 Hr. Shift Modified Light Duty (preferred) ☐ Approved ☐ Disapproved Release Date: ____________________

Day Shift Modified Light Duty **ONLY** ☐ Approved ☐ Disapproved Release Date: ____________________

Additional Restrictions for Modified or Light Duty: ____

EMPLOYER WILL ACCOMMODATE FOR ANY RESTRICTION OR LIMITATION FOR RELEASE TO MODIFIED LIGHT DUTY.

☐ Activity Prescription Form attached (Required) ☐ Yes ☐ No Date: ______________________________

HEALTH CARE PROVIDER'S SIGNATURE:____________________________ Email: ______________________________

HEALTH CARE PROVIDER'S PRINTED NAME: ________________________ Date: ______________________________

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