



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, Risk Management and Safety 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, Risk Management and safety office at 301-583-1951.