

Salt Lake City Corporation Salt Lake City Fire Department

Firefighter Return to FULL DUTY Release

| Patient Name: | Dr. Name: |
|---------------|-----------|
| Phone: | Phone: |
| Supervisor: | Address: |

The patient named above is a public safety professional. In order to resume their duties, the firefighter you are treating must have this document reviewed and signed by you stating that they are physically capable of returning to full, active status with the Salt Lake City Fire Department.

Please review the minimum qualifying duties as listed below and sign if, in you professional opinion, the firefighter is capable of meeting these expectations.

Firefighters must routinely and safely perform duties that include but are not limited to the following:

Return to Full Duty date: ____

- Under extreme environmental conditions (heat/cold, smoke, noise) performs a broad spectrum of prolonged activities related to search and rescue, fire suppression, and salvage and overhaul. Some of these activities include: removing victims, climbing ladders, using axes and pike poles, sledge hammers, hand held hose lines and driving emergency vehicles. Will also be required to stand, walk or sit for extended periods.
- Moderate to heavy lifting (in excess of 50 lbs.) A firefighter wearing structural firesuppression gear will weigh an additional 60-70 pounds over their normal body weight. They may have to remove another firefighter or civilian out of a fire zone while wearing this protective gear.
- □ Considerable exposure to stressful situations as a result of human behavior.
- □ Unconventional hours of work may be required. The employee may also work without sleep for extended periods and be subject to traffic hazards during emergency responses.
- Participate and pass strenuous performance tests including timed series of physical tasks completed in full protective gear. Such tests are designed to evaluate and be demanding on both physical and cardiovascular fitness.

| Patient Signature: | Date: |
|--------------------|-------|
| Dr. Signature: | Date: |