

## INTEGRITY, COMPASSION, PROFESSIONALISM AND EMPATHY

## Return to Work Medical Certification

Part I: To be Completed by Employee (Please print)

First Name	Middle Initial	Last Name
Position/Title		
Date leave commenced		
Signature		Date

Part II: To be completed by Employee's Health Care Provider

5. I certify that on\_\_\_\_\_\_ the named employee is able to resume performing the functions of Date

his/her position with or without reasonable accommodation. Those functions include:

- Aptitudes required to work for this nature are good physical stamina, endurance and body condition which would not be adversely affected by lifting, carrying, and balancing at times, patients in excess of 125 pounds (250 pounds with assistance)
- Ability to work twelve (12) hour continues shifts
- Motor coordination is necessary for the well-being of the patient , the EMT and co-worker over uneven terrain

Necessary accommodation(s) is/are as follow(s):

Signature of Health Care Provider

Date

This form is to be taken to Deputy Chief of EMS. Only after being cleared by South Branch Emergency Services, Inc. will you have the authorization to report to your supervisor and schedule return to duty.