

Fire District No. 3

TOWNSHIP OF HANOVER, COUNTY OF MORRIS

Modified / Light Duty Assignment Clearance Form

Member: _____

Date of Notice : _____ / _____ / _____

After having reviewed the information provided to my office, and after examination of the above referenced firefighter, consistent with the guidance offered in NFPA 1582, the above firefighter has not met the minimum standards established therein, and in my professional opinion is not capable of performing the duties of Firefighter/EMT/ Inspector safely. Accordingly:

Light/Modified Duty **is not suitable** for this firefighter, and any such activity may hamper/impede their ability to return to full duty in this position

Light/Modified Duty as Outlined herein **is suitable** for this firefighter

Hourly Restrictions:

This Firefighter Should Work No More Than 4 8 12 16 Hours Per Shift

Notes: _____

Lifting/Carrying Restrictions:

Employee is capable of safely lifting/carrying Weight not to exceed ____ Lbs

No lifting/carrying

No Lifting Restriction

Notes: _____

Driving Restrictions:

Restricted from Emergency Vehicle Operation

Restricted from Non-Emergency Vehicle Operation

Notes: _____

Walking / Stairs:

- No limitation on walking
- Walking limited to __ miles per shift
- No limitation on stairs
- Stairs limited to __ flights per occurrence

Emergency Scene Operations:

- Restricted from Emergency Operation Scenes

Notes: _____

Non-Emergency Scene Operations / Training:

- Restricted from Non-Emergency Operation Scenes
- Restricted from Using Fire/Rescue Power Tools / Equipment
- May Participate in Classroom Training
- May Participate in Practical Training not to exceed lifting and work restrictions outlined herein

Notes: _____

Work (General):

Any work as outlined herein shall be limited to: __ Hours Before a ___ Hour Break

Notes: _____

Office Work:

- May Operate a Computer
- Limit Computer Usage To: __ Hours Before a ___ Hour Break
- No Limitation on Computer Usage
 - May Perform Inventorying of Equipment within any Lifting Restriction
 - May Perform Filing / Clerical Duties
 - May answer a Phone

Notes: _____

House Work:

- May participate in routine house work not to exceed any work or lifting restrictions
- May participate in apparatus maintenance to include cleaning not to exceed work or lifting restrictions

Notes: _____

Exercise:

- May Participate in Minimal Exertion Exercise (Walking/Stairs)
- May Exercise ___ Hours before resting
- Exercise Restricted

Notes: _____

Follow Up:

Firefighter is Required to **Provide the Following Information** / test results / doctors reports / diagnoses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The Firefighter is to **schedule an appointment** with my office for follow up no later than:

____ / ____ / ____

Physician Notes:

Physician Name: _____

Date: ____ / ____ / ____

Physician Signature: _____