



Sacred Mountain Medical Services, Inc.

RETURN TO WORK/MEDICAL RELEASE FORM

EMCT's Name: _____ Date: _____

The Emergency Medical Care Technician returning to work after an on or off-duty injury or illness will need to be assessed on an individual basis. To ensure that this EMCT can perform his or her job as an EMCT with efficiency, a job performance checklist is provided for you to evaluate the EMCT. If the EMCT is unable to perform the duties in Section 1, please sign and complete Section 2.

Section 1:

Essential physical functions for Part-time/Full-time EMCT.																		
1.	Push/pull a patient on a stretcher up to 250 lbs.	8.	Able to discern street signs and address numbers and read small print for maps, patient medications and manuals.															
2.	Able to lift 50 lbs. to a height of 36 inches to load a stretcher, and dead lift and balance a minimum of 100 lbs to lift a patient off the ground.	9.	Able to use good judgment and remain calm in high-stress situations.															
3.	Carry 30 lbs of equipment (i.e. trauma bag, monitor, etc.) up two (2) flights of stairs, and get in/out of the ambulance up to 24" in height.	10.	Able to verbally communicate in person and via telephone/radio to communicate patient condition and/or to request for medical orders.															
4.	Able to bend, stoop and kneel to care for patients found on the ground/floor.	11.	Able to receive and understand verbal instructions from medical direction and information from patients.															
5.	Demonstrate manual dexterity, with the ability to perform task related to patient care, such as taking blood pressures, starting IVs, gripping, and opening doors.	Essential Environmental Conditions/Functions <ul style="list-style-type: none"> • Perform in slippery areas. • Work on or around moving machinery or equipment. • Work 48-96 hour shifts with little or no sleep. • Perform physically demanding tasks under extreme fluctuations in temperature. 																
6.	Reach overhead and able to remove equipment up to 30 lbs. from ambulance cabinets over shoulder height.																	
7.	Drive ambulances for extended periods of time and distances, under normal and emergency conditions.																	
Note: EMCT provide emergency medical aid such as CPR, airway and ventilation management, bleeding control, shock management, and medication administration outside the hospital environment and transports patients to the emergency unit of the hospital.																		
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12.	Does the EMCT's current emotional condition in any way endanger him/herself or others in the performance of EMCT duties?																	
13.	Is the EMCT taking any medication? If so, would the medication cause the EMCT to become dizzy, disoriented, inattentive and/or drowsy.																	
14.	Could any emotional limitation result in sudden or unexpected inability to perform the job duties? If so, please describe.																	
15.	Is there any additional reason why the EMCT cannot perform his/her duties? If yes, please explain.																	

I have read the above essential duties for Part-time/Full-time EMCT and release _____
 to: Full Duty without Restriction **OR** Modified Duty with Restrictions (complete Section 2).

 (Print Only) Name – Local Health Care Professional Signature – Local Health Care Professional Date

 (Print Only) Address (Print Only) City, State & Zip Telephone Number

Section 2: Complete this section if the examiner has check “Modified Duty with Restriction” in Section 1.

Physical Capabilities									
Circle the number of hours the employee can perform the particular task:									
Sit	1	2	4	6	8	10	12	14	Not Restricted
Stand	1	2	4	6	8	10	12	14	Not Restricted
Walk	1	2	4	6	8	10	12	14	Not Restricted
Employee needs to alternate between sit/stand every _____ minutes/hours.									
Injury occurred on the: Torso <input type="checkbox"/> Extremities <input type="checkbox"/> Head <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Pelvis <input type="checkbox"/> Other <input type="checkbox"/>									
Check the amount of time the injured worker is able to perform the particular task:									
	Never	Occasional	Frequently	Continuously	N/A				
Hand/Wrist work									
Grasping									
Pushing/Pulling									
Fine manipulation									
Reach above shoulders									
Bend/Twist									
Kneel/Squat									
Climb stairs/ladder									
Lift 1-10 lbs.									
Lift 11-20 lbs.									
Lift 21-50 lbs.									
Lift 51-100 lbs.									
Total number of hours the worker may work: _____ (if not indicated, a full work shift of 24 hrs. will be assumed).									
If due to medical reasons the EMCT is not able to return to full duty without restrictions, please explain the details further:									
Projected date employee can return to unrestricted duties: _____/_____/_____									

_____ (Print Only) Name – Local Health Care Professional	_____ Signature – Local Health Care Professional	_____ Date
_____ (Print Only) Address	_____ (Print Only) City, State & Zip	_____ Telephone Number

Section 3: Employee Certification

I certify that I do not have, or know of any, physical or mental impairment(s), nor am I on medication, that will prohibit me from performing the aforementioned duties.

_____ (Print Only) Name – EMCT	_____ Signature – EMCT	_____ Date
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**Return both forms to the Chief Operations Officer to make a request for return to full or light duty.
Note: Light or modified duty is subject to funding availability.**