COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO

PHYSICIAN'S CAPABILITY FORM FOR LIGHT DUTY AND RETURN TO FULL DUTY STATUS

Employee Full Name			
Date (MM/DD/YYYY)		Social Security Number	

The listed employee is under my care for medical attention for the following illness and/or injury:

_____
_____
_____
_____
_____

Section A: Request for Light Duty

Please check the following job activities the employee **CAN** do <u>without jeopardizing their health or aggravating any current injury.</u>

- ☐ Lift 100-150 pounds
- ☐ Climb stairs
- ☐ Wear self-contained breathing apparatus
- ☐ Perform strenuous labor for extended periods (1-2 hours)
- ☐ Walk for long distances (1-2 miles)
- ☐ Perform housekeeping activities (sweeping, mopping, emptying trash)
- ☐ Operate small motor equipment
- ☐ Enter high heat areas
- ☐ Drive emergency vehicles (police vehicle, vans)
- ☐ Perform CPR
- ☐ Withstand exposure to hazardous atmospheres
- ☐ Crawl on hands and knees
- ☐ Answer telephones
- ☐ Work at desk on program development (i.e. writing, drawing)
- ☐ Enter data onto computer
- ☐ Make oral presentations
- ☐ Paperwork including but not limited to filing, photocopying, etc.
- ☐ Carry and fire weapon (pistol, shotgun)
- ☐ Perform Defensive Tactics

Please list any activities specifically prohibited:

_____
_____
_____
_____
_____

The employee may return to light/modified duty effective (list date): _____
(MM/DD/YYYY)

Expected disability at this time period _____ for this activity level

Anticipated date to return to full duty _____ (MM/DD/YYYY)

Section B: Return to Full Duty

Below is a list of normal job activities. The employee must be medically able to perform all of these functions without restrictions in order to return to full duty.

- Lift 100-150 pounds
- Climb stairs
- Wear self-contained breathing apparatus
- Perform strenuous labor for extended periods (1-2 hours)
- Walk for long distances (1-2 miles)
- Perform housekeeping activities (sweeping, mopping, emptying trash)
- Operate small motor equipment
- Enter high heat areas
- Drive emergency vehicles (police vehicle, vans)
- Perform CPR
- Withstand exposure to hazardous atmospheres
- Crawl on hands and knees
- Answer telephones
- Work at desk on program development (i.e. writing, drawing)
- Enter data onto computer
- Make oral presentations
- Paperwork including but not limited to filing, photocopying, etc.
- Carry and fire weapon (pistol, shotgun)
- Perform Defensive Tactics

The employee can perform all of the above items without restrictions and return to full duty effective (list date): _____ (MM/DD/YYYY)

Section C: Authorization

Physician's Signature: _____

Please print the following information:

Physician's Name: _____

Physician's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Note: This form must be completed at each doctor's visit, but no more than once a week. Please ensure that the attending physician signs this form.