

**Office Of The Sheriff
Henrico County**



Physician's Capability Form For Light Duty And Return To Full Duty Status

Employee Full Name			
Date (xx/xx/xxxx)		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 without jeopardizing their health or aggravating any current injury.

- 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 on this date: _____

Expected disability at this time period _____ for this activity level.

Anticipated date to return to full duty _____.

Physician signature required in Section C on page two.



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 on this date: _____.

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.