



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Light Duty Status**

**This section is to be completed, initialed, and signed by a licensed physician and returned to the department supervisor or commander as soon as possible. Delay in processing this form could result in loss of benefits and forfeiture of light duty status.**

**LEVEL I**

- Sitting
- Standing
- Limited Walking
- Light Lifting- 10lbs or Less
- Limited Bending
- Limited Writing
- Inside Work Only

**Physician Notes/ Initials:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEVEL II**

- Sitting for Prolonged Periods
- Moderate Walking
- Moderate Standing
- Moderate Bending
- Moderate Pushing and Pulling
- Moderate Scrubbing
- Moderate Driving-Light Vehicles
- Moderate Lifting of 25lbs or Less
- Some Inside and Outside Work

**Physician Notes/Initials:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



- LEVEL III**
- Repeated Bending
  - Excessive Stretching
  - Reaching Above Shoulder
  - Working off Step ladder
  - Prolonged Walking and Pushing/Mowing
  - Heavy Lifting up to 50lbs
  - Excessive Scrubbing
  - Exposure to Water as in Washing Vehicles
  - Excessive Walking as in Climbing Stairs
  - Excessive Office Work as in Typing and Filing

**Physician Notes/Initials:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific limitations or comments:** \_\_\_\_\_

**Clinic or facility:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address or Stamp:** \_\_\_\_\_  
\_\_\_\_\_

**Next Appointment Scheduled:**  
\_\_\_\_\_

**Physician Printed Name:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

The above employee is approved to perform the level of light duty indicated above.

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Light Duty Start Date:** \_\_\_\_\_

**to**

**Date:** \_\_\_\_\_

**Next Appointment Scheduled:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Employee accepts the light duty assignment as prescribed above if available through department assignment.

**Fire Chief Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_