

City of Virginia Beach

Department of Emergency Medical Services

Return to Rescue Squad Duty

Name: _____

SSN: _____

Job Title: _____ FR _____ EMT _____ ST _____ CT _____ PM

Station: _____

Date of Injury/Illness: _____

Nature of Injury/Illness: _____

Medications (current): _____

Date of Surgery (if applicable): _____

Type of Surgery: _____

TO BE AN ACTIVE OPERATIONAL MEMBER OF THE VOLUNTEER RESCUE SQUAD, AN INDIVIDUAL MUST BE ABLE TO PERFORM ALL TASKS WITHOUT RESTRICTION. THIS INCLUDES BUT IS NOT LIMITED TO: DRIVING AN AMBULANCE IN EMERGENCY CONDITIONS, LIFTING A STRETCHER WITH A PATIENT (MINIMUM 125 LBS), STOOPING, BENDING, SQUATTING, CLIMBING, REACHING, STANDING, PUSHING AND PULLING.

LIGHT OR LIMITED DUTY: Because of the nature of the functions performed by a member of the volunteer rescue squads, there is NO light or limited duty.

Employee is medically able to return to FULL DUTY with NO RESTRICTIONS.

Effective (date): _____

Employee is NOT able to work from (date): _____ to _____

Next Appointment (date): _____

Signature of Physician MD _____ MD _____
Physician Name (printed) Date