Clinton First Aid & Rescue Squad

48 Old Highway 22 P.O. Box 5265 Clinton, New Jersey 08809 (908) 735-4012 / Business

Return to Work Medical Certification

Part I: To be Completed by Employee		
(Please print)		
1.		
	First Name Middle Initia	al Last Name
2.		
	Position/Title	
3.	Date leave commenced	
	Date leave commenced	
4.	Signature	Date
_	_	
Part II: To be completed by Employee's Health Care Provider		
5. I certify that on the named employee is able to resume performing the functions of Date his/her position with or without reasonable accommodation. Those functions include: • Aptitudes required to work for this nature are good physical stamina, endurance and body condition which would not be adversely affected by lifting, carrying, and balancing at times, patients in excess of 125 pounds (250 pounds with assistance) • Ability to work twelve (12) hour continues shifts • Motor coordination is necessary for the well-being of the patient , the EMT and co-worker over uneven terrain Necessary accommodation(s) is/are as follow(s):		
Sig	gnature of Health Care Provider	Date
This form is to be taken to Denuty Chief of FMS. Only after being cleared by Clinton First Aid & Rescue		

Squad, Inc. will you have the authorization to report to your supervisor and schedule return to duty.