



Release to Work Evaluation Form

Essential Job Tasks

Below is a list of essential job tasks for a Roswell firefighter in accordance with NFPA (National Fire Protection Association) 1582 Standard. The evaluating physician shall use this list of essential job tasks in the evaluation of the ability of a member with a specific medical condition or injury to perform these duties. If you have any questions, please contact Division Chief Christopher Cavender at (770)634-3520 or ccavender@roswellgov.com

The following are the essential job tasks:

1. Wearing personal protective ensemble and SCBA (Self-Contained Breathing Apparatus), performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged periods of time.
2. Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
4. Depending on the local jurisdiction, climbing six or more flights of stairs while wearing a fire protective ensemble weighing at least 50 lb. (22.6kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb. (9 to 18 kg).
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate the core temperature to levels exceeding 102.2° F (39° C).
6. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb. (90kg) to safety despite hazardous conditions and low visibility.
7. Wearing personal protective ensemble and SCBA, advancing water-filled hoselines up to 2 ½ in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft. (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without the benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.



Release to Work Evaluation Form

11. Critical, time-sensitive, complex problem-solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to communicate (i.e., give and comprehend verbal orders) while wearing personal protective equipment ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (e.g., sprinklers).
13. Functioning as an integral component of a team, where sudden incapacitation of a member results in mission failure or in risk of injury or death to civilians or other team members.
14. Working in shifts, including during nighttime that can extend beyond 12 hours.

****This form is to be completed and signed by the evaluating Physician at the time of their visit.****

Employee may return to work:

(This portion of the form must be completed with every required physician visit)

Name: _____ was under my professional care and is:

☐ Released without restrictions

☐ Not released to work

☐ Return to work with restrictions: _____

Physician Name: _____ **Date:** _____

Physician Signature: _____

Follow-Up Appointment (If applicable)

Date: _____

Time: _____