Huntington Community First Aid Squad

2 Railroad Street, Huntington Station, NY 11746

RETURN TO DUTY FORM

Name: _____ Membership #: _____ Day & Shift: _____

All members who seek to return to active duty following a medical leave of absence must have this form completed by their personal or squad physician, who shall attest to the member's physical ability to return to duty.

NOTICE TO PHYSICIAN:

In order for a member to return to Active Duty after a medical leave of absence, he or she must be able to perform their duties without respite for a minimum of four hours and not be taking any medications or have any infirmity that could impede their ability to serve as a member of the Huntington Community First Aid Squad in one of the following categories:

MEMBERSHIP CATEGORY AND RESPONSIBILITIES:

A Riding Member will be called upon to perform strenuous duties that may be both physically and emotionally demanding and include:

- Participating in multiple calls over a 4 to 8 hour period
- Lifting or carrying equipment and or patients, as part of a crew, considerable distances, up or down embankments, stairways and the like, and loading and unloading them into and out of the ambulance
- Performing CPR for an extended period of time

A Dispatcher will be required to think and act coherently, speak clearly and succinctly, keep records, answer and dispatch multiple calls throughout a continuous 4 to 8 hour period and to instruct callers on how to perform CPR.

An Administrative Member is required to perform administrative duties, participate in membership meetings, activities and committees.

TO BE COMPLETED BY THE MEMBER'S PERSONAL OR SQUAD PHYSICIAN AND RETURNED TO THE MEDICAL COMMITTEE:

I hereby certify that the above named member is medically qualified to return to duty as: (Check all that apply):

_____ Riding Member _____ Dispatcher _____ Administrative Member

COMMENTS (include any restrictions on duty): _____

_____

_____

PHYSICIAN'S NAME:

_____
(Signature)

_____
(Print Name)

ADDRESS:

_____

_____

Telephone No. _____

Return to Duty Date: _____

HCFAS Form No. 301 (2/26/2015)

Original to Medical Committee Copy to First Deputy Chief Copy to your Day Captain