

HAMMOND POLICE DEPARTMENT ATTENDING PHYSICIAN'S FORM

MEMO TO POLICE PERSONNEL:

DATE: ____/____/____

*This form must be completed and returned to the Officer in Charge/Supervisor as outlined in the Sick Leave Policy, Revised 10/02/2014.

TO BE COMPLETED BY THE EMPLOYEE: DATE OF ILLNESS OR INJURY: ____/____/____

Name: _____ Telephone: _____

Physical Address: _____

____ Injury Did the injury occur while on duty? Yes No

____ Illness Did the illness occur while on duty? Yes No

Doctor's Name (print): _____

Doctor's Phone Number: _____

TO BE COMPLETED BY THE ATTENDING PHYSICIAN:

I HAVE EXAMINED THE ABOVE NAME FIRE/POLICE EMPLOYEE AND RECOMMEND:

Return to Work (Full Duty: ____/____/____)

Return to Work (Limited Duty): ____/____/____ thru _____

Restriction For Limited Duty: No Standing/Walking more than ____ Minutes/Hours at a Time with ____ minutes rest between.

No Use of L/R Hand/Arm for Strenuous Repetitive Activity.

No Bending/Squatting/Kneeling/Crawling/reaching with L/R Arm/Hand. (Circle)

No Heights/Climbing

No Lifting/Pushing/Pulling more than ____ lbs. with L/R Arm/Hand. (Circle)

Cannot Return to Work Until: ____/____/____

Next Appointment Date: ____/____/____

Physician's Signature

Police Supervisor's Signature

Date: ____/____/____

Date: ____/____/____

Received by: _____

Date: ____/____/____

Received by Police Administration (Signature) _____ Date: ____/____/____