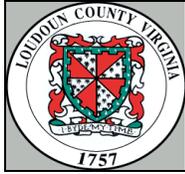


Medical Treatment & Physical Demands Analysis - Fire and Rescue

Personal & Visit Information		CorVel Claim No.: _____
Name: _____	5 or 9 Digit Vol./Employee No.: _____	
Email: _____	Contact Number: _____	
Date of Exam: _____	Date of Injury: _____	
Reason for Visit: <input type="checkbox"/> New Injury / Illness <input type="checkbox"/> Follow-Up Treatment / Evaluation <input type="checkbox"/> Aggravation of Pre-existing Condition	Affiliation: <input type="checkbox"/> Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Volunteer-EMS Only Position: <input type="checkbox"/> Chief Officer <input type="checkbox"/> Captain / Lieutenant <input type="checkbox"/> Technician/Driver <input type="checkbox"/> Firefighter/EMT (B, I, P) <input type="checkbox"/> EMT (B, I, P) <input type="checkbox"/> Recruit / Probationary <input type="checkbox"/> Administrative <input type="checkbox"/> Other _____	
Did this occur at work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, read and sign below)		
<i>I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, CorVel, and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.</i> Employee's Signature: _____ Date: _____		
Conditions (To be completed by Health Care Provider. Check applicable box and provide comment. Only for Workers Comp Claims)		
Diagnoses (Only required for Worker's Compensation Claims): _____ _____ <input type="checkbox"/> Procedure(s) Performed: _____ <input type="checkbox"/> Treatment Prescribed: _____ <input type="checkbox"/> Medication(s) Prescribed: _____ <input type="checkbox"/> Diagnostic Test Report(s): _____ <i>Please Attach Copies</i> <input type="checkbox"/> Referral(s) to: _____ <input type="checkbox"/> Other: _____		
Medical Status Post Evaluation		
<u>Section A</u> NFPA 1582 Essential Job Functions Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, review page 3) <input type="checkbox"/> Not Applicable Is the employee able to return to regular duty? <input type="checkbox"/> Yes, on _____ (date) <input type="checkbox"/> No (If no, proceed to Section B)		
<u>Section B</u> (Physicians, please consider allowing "light-duty" as most restrictions can be accommodated by a temporary re-assignment.) Is the employee able to return to work with restrictions? <input type="checkbox"/> Yes, on _____ (date) with the restrictions outlined in Section C. <input type="checkbox"/> No Can the employee drive? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, however is limited to: _____ <input type="checkbox"/> No Estimated length of time until released to full duty? _____ Day(s) _____ Week(s) _____ Month(s) <input type="checkbox"/> Cannot be determined		

Section C (Only necessary if the person is able to return to work, but with restrictions. Please fill out completely to dictate all restrictions)					
✓	Lifting Amounts (check or circle)	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)	
	Heavy Work	100 lbs	50 lbs	20 lbs	
	Medium Heavy Work	75 lbs	35 lbs	15 lbs	
	Medium Work	50 lbs	25 lbs	10 lbs	
	Light Work	20 lbs	10 lbs	4 lbs	
	Sedentary-Light Work	15 lbs	8 lbs	3 lbs	
	Sedentary Work	10 lbs	5lbs	2 lbs	
✓	(check task as appropriate)	Never (0 Hrs)	Occasional (1-4 Hrs)	Frequent (4-8 Hrs)	Always (>9 HRS)
	Sit				
	Stand/Walk				
	Bend				
	Twist				
	Squat/Crouch				
	Reach				
	Climb				
	Drive (while at work)				
	Use of hands for repetitive grasping, fine manipulation, pushing & pulling.				
	Use of foot/feet for repetitive movement as in operating foot controls.				
Participate in un-supervised physical training or therapy within the restrictions above? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physician's Signature					
Patient discharged from care? <input type="checkbox"/> Yes. On what date? _____ <input type="checkbox"/> No, follow up date is _____					
Physician's Name (Print): _____ Signature: _____					
Telephone Number: _____ Fax Number or Email: _____					
Please return this form to the Office of Health & Safety via email at OHS@loudoun.gov ; if email is not an option, you can fax it to 703.737.8358. A copy can also be sent to the Department of Human Resources, Attn: Risk Management/Workers' Compensation Dept., Phone 703.771.5676 / Fax 571.258.3212.					

- Please note, if a person is restricted in the driving column to “never” they may not be able to travel to and from work. For career personnel, this will eliminate the option for a restricted duty assignment.
- Workers' Comp will provide travel arrangements to and from appointments if disabled from driving.



NFPA 1582 ESSENTIAL JOB FUNCTIONS



- (1) Performing fire-fighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, etc.), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and SCBA, including working in extremely hot or cold environments for prolonged time periods.
- (2) Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
- (3) Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological 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 fire protective ensemble weighing at least 50 lb (22.6 kg) 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 core temperature to levels exceeding 102.2°F (39°C)
- (6) Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility.
- (7) Advancing water-filled hoselines up to 2 1/2 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) 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 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.
- (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 (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers).
- (13) Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.