

ANNEX E MEDICAL ELIGIBILITY

Environmental Demands Summary for _____ Members

Member: _____

Included below is a summary of the environmental demands required of a Department member. These should be used when determining their ability to return to work, or when placing restrictions on their work. ***If the member has restrictions, please check those that apply to their condition.*** Thank you for your assistance in this matter.

- Lifting and/or carrying 1-100 pounds
- Stooping, crouching, kneeling, twisting, crawling
- Fingering and handling functions utilizing bilateral fingers and hands
- Bilateral upper extremity above and below shoulder reaching motions
- Bilateral upper extremity throwing motions
- Sitting, standing, waiting, walking, running and jumping activities
- Climbing utilizing legs and arms
- Far, near, color and peripheral vision
- Hearing, talking, sense of smell and feel
- Being outside in fair, wet, hot (>30°C), humid (>70%), dry, cold (< 0°C) weather and during sudden temperature changes
- Working with moving objects, hazardous machinery, and sharp tools or materials
- Working in poor lighting, smoky conditions, toxic conditions, cluttered and slippery floors, wet and close quarters working with others, around others and alone
- Responding odd hours for undetermined time
- Exposure to vibration, noise, smoke and toxic conditions
- Wearing a self contained breathing apparatus (SCBA)
- Working at high places
- May return to work with no restrictions

Date Member May Return To Work: _____

Notes/Conditions: _____

Physician Signature: _____

Date: _____

Physician Name: _____

Office#: _____