

**** CONFIDENTIAL ****
Collier County Sheriff's Office
Physician's Statement

Civilian (outside or heavy physical work) position

(Print Member's Name)

(Assigned Position)

Dear Medical Care Provider:

I hereby authorize the release of medical, including psychological, information and records to Kevin J. Rambosk, Sheriff of Collier County, Florida, (Attn: Human Resources Director) pertaining to my current injury and/or illness. Also, I authorize you to complete this statement as well as any periodic follow-up statements and a final maximum medical improvement report and/or release to full duty.

Signature: _____ Date: _____

The above individual is required to perform the tasks listed below as part of his or her regular duties (PER THE ATTACHED JOB DESCRIPTION). The list is representative and may not be all-inclusive. Please indicate, by **circling**, any tasks which are **not** permitted.

- | | |
|---|--|
| <ul style="list-style-type: none">• Walking• Sitting• Kneeling, crawling or crouching• Interviewing• Writing reports• Driving• Answering telephone• Filing at desk• Filing to shelves | <ul style="list-style-type: none">• Typing at desk• Changing tire or battery• Standing long periods• Recalling details of recent events• Pushing disabled vehicle off pavement• Using a radio in emergency situations• Moving heavy objects (50 or more lbs.)• Transferring information from interview to paper |
|---|--|

Specific restrictions other than listed above: _____

List type of work or restricted (light)⁺ duty assignment suggested: _____

Is the patient currently taking any prescription medications? _____ Yes _____ No

If "Yes", do any of these medications as prescribed in any way impede the patient's judgment, mental abilities, and/or reaction time while at work? _____ Yes _____ No If "Yes", please explain: _____

Prognosis: _____

Approximate dates off work completely: From _____ To _____

Approximate dates of restricted (light) duty: From _____ To _____

Approximate date of return to full* duty: _____

Approximate date of maximum medical improvement: _____

Next appointment or evaluation: _____

Physician's Name (please print): _____ Phone: _____ Fax: _____

Address: _____ Type of practice: _____

Physician's Signature: _____ Date: _____

Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Return to: Human Resources Division; Collier County Sheriff's Office, 3319 Tamiami Tr., Naples, FL 34112

Fax (239) 252-0986 Office Phone (239) 252-0530

+A variety of temporary light duty assignments and shifts are available.

*Full duty is defined as the ability to perform all of the essential job functions and possess all of the physical and mental abilities as listed on the attached job description.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.