

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

Specific restrictions other than listed above: \_\_\_\_\_

List type of work or restricted (light)<sup>+</sup> 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, 3301 Tamiami Tr. E. Bldg. J, Naples, FL 34112**  
**Fax (239) 793-9181 Office Phone (239) 793-9212**

+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.