

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

Certified Jail Deputy

(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, climbing• Interviewing suspects, witnesses, victims• Writing reports• Driving• Answering telephone• Filing at desk• Filing to shelves• Typing at desk• Controlling resisting inmates | <ul style="list-style-type: none">• Standing long periods• Recalling details of recent events• Lifting sick or injured persons• Foot pursuit of fleeing inmates• Testifying in court• Using a radio in emergency situations• Make quick decisions in life-threatening situations• 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, 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.