AVAILABILITY FOR WORK

BONNEVILLE COUNTY SHERIFF'S OFFICE, 605 N. CAPITAL, IDAHO FALLS, ID 83402

Patrol	**208-529-1350, ext - 1310**	**FAX**	**208-529-1297**
Jail	**208-529-1315, ext – 102**	**FAX**	**208-529-1379**

Patient/Employee Name_____Supervisor_____

Accident/Illness was _____ On Duty _____Off Duty – Job Classification_____

PHYSICIAN NAME:

PHONE NUMBER: FAX:

ATTENDING PHYSICIAN'S RECOMMENDATIONS – PLEASE INITIAL -

_____ I read the attached **Bonneville County Job Classification and Description.** My recommendations for this patient / employee, at the present time are as follows.

_____ Patient **is not** currently taking medications that preclude him/her from safely performing **all** essential job functions.

_____ Patient **can** perform **all** essential job functions and **may return to work with no limitations.**

_____ Patient **is** currently taking medications that preclude him/her from safely performing **all** essential job functions.

_____ Patient **cannot** currently perform all essential job functions and **should not return to work.**

_____ Patient **cannot** currently perform all essential job functions. Patient could temporarily perform other work, if available, with the following **limitations:**

_____ No Bending _____ No Standing _____ No Physical Struggle with Inmates/Criminals

_____ No Climbing _____ No Driving _____ No Physical Training Scenarios

_____ No Typing _____ Partial Days _____ No Emergency Discretionary Decisions

_____ No Lifting More than _____ lbs. _____ No Firearms Training / Qualifications with Potential Exposure to Lead

_____ No Push/Pull More than_____lbs.

Other Limitations_____

_____

Physician Signature _____**Date**_____

Patient/EmployeeSignature_____Date_____

After the Sheriff reviews this completed form, he may consider your written request to work in a discretionary and temporary assignment. The Sheriff will consider the physician's recommendations, concerning your ability to safely perform all essential job functions. (Revised 11/15)