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

☐ 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 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 Firearms Training / Qualifications
☐ No Lifting More than _____ lbs.		☐ No Emergency Discretionary Decisions

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.