



## Health and Safety Specialists

(877) 914 – 3473 (FIRE)

(F) (845) 692 – 2402

[rb@firephysicals.com](mailto:rb@firephysicals.com)



# Return to Duty Form

\_\_\_\_\_ Fire Department

**Firefighter Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**HEALTH & SAFETY SPECIALISTS** offers you fast review of medical issues for return to duty.

- For simple medical issues, ask your doctor to complete this form and fax it back to **(845) 692 – 2402** for review within 3 business days.
- For immediate review OR for medical issues where a medical examination is needed, you may walk into your nearest CityMD Urgent Care where one of our physicians will determine if all of the necessary medical information is available.

Find the nearest  location nearest you at  
[www.citymd.com](http://www.citymd.com)

PHYSICIAN NAME: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

DATE OF ONSET: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

ONGOING RESTRICTIONS: Y / N

I CERTIFY THAT THIS FIREFIGHTER IS MEDICALLY CLEARED TO RETURN TO:

\_\_\_\_\_ FULL UNRESTRICTED FIRE DUTIES

\_\_\_\_\_ NOT MEDICALLY CLEARED

SIGNED: \_\_\_\_\_ MD / DO / PA / CNP TODAY'S DATE \_\_\_\_\_

PHONE # : \_\_\_\_\_

PHYSICIAN'S STAMP HERE

**Please fax to (845) 692 – 2402**

Your request to return to duty will be reviewed in 3 business days.  
No confidential medical information will be given to any unauthorized individuals or entities.

**Please contact us at (877) 914 – 3473 if you have any questions.**