

# **Return to Full Duty Work Form**

### THIS DOCUMENT MUST BE COMPLETED IN FULL

On the first day of your return to full duty, you will reach out to each department listed in this document. This will help to determine what is needed for you to get back to your full duty field position. Once each department has confirmed that you have completed the listed items you will be placed back on the field schedule.

#### **Employee Complete This Entire Section**

*Returr	ning from 90+ days from:	Date:					
Employ	ee Name:	Department:					
Employee ID Number:			Employee Supervisor:				
<ol> <li>While in transition, you are required to and are responsible for the following:         <ol> <li>Fully completing this form (within 14 days) and submitting it to Safety@medic911.com prior to returning to your normal shift/job duties.</li> <li>Connecting with each department for assignments/signatures.</li> <li>Connecting with the On-Duty supervisor immediately, and for each day that you are in transition, for a temporary job, if available. Clocking in and out as scheduled.</li> </ol> </li> <li>Clocking out for lunch, training, and in- service – then clocking back in under my department until the end of my shift.</li> </ol>							
Employe	e, Signature:	Date:					
Employee Stops Here							
1 – Risk and Safety Specialist/Employee Health Case Coordinator							
	Appropriate Paperwork from Physician Received		Leave Report Updated				
	Flu Shot or Declination Received		Fit Test				
	MEDPAT Scheduled		Respirator Questionnaire				
Items Completed:			Date:				
2 – HR Generalist							
	Driver's License Checked						
	COVID Vaccine Proof or Declination Received						
Items C	ompleted:	Date:					

RS 005, Form 9 August 2023



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3 – Clinical Education Supervisor or Designee							
	EE Has Outstanding In-Services Due	Date Scheduled:	Date Completed:	☐ Not Applicable			
	Notified Scheduling about Ride Time	Date Scheduled:	Date Completed:	☐ Not Applicable			
	FTO/Crew Chief Assignment for Eval	uation & Ride Time Scheduled	☐ Not Applicable				
	Notify Risk and Safety Supervisor of Training Fulfillments						
4 – Clinical Improvement Supervisor or Designee							
	Testing and Oral Boards	Date Scheduled:	Date Completed:	☐ Not Applicable			
	Notified Risk and Safety Supervisor o	f Testing Fulfillments					

### **Process is Complete When**

All items are confirmed as completed – Risk and Safety will send an email to the RTW group: <a href="mailto:scheduling@medic911.com">scheduling@medic911.com</a>, and <a href="mailto:clinicalimprovement@medic911.com">clinicalimprovement@medic911.com</a>, and <a href="mailto:clinicalimprovement@medi

Note: In the event the department supervisor or designee is not available to sign this document in person, the employee must email the department supervisor or designee to obtain listed information.

Once the employee is cleared, each department supervisor or designee <u>must</u> notify the Risk and Safety Supervisor so the transition status can be updated.

RS 005, Form 9 August 2023