

KINGSTON FIRE & RESCUE

FORM A

Dear Doctor:

PLEASE COMPLETE THIS FORM ON BEHALF OF YOUR PATIENT WHO IS AN EMPLOYEE OF THE KINGSTON FIRE & RESCUE.

AUTHORIZATION FOR REQUESTING THIS INFORMATION IS FOUND IN ARTICLE 8:00 - SICK LEAVE OF THE AGREEMENT BETWEEN THE FIREFIGHTERS ASSOCIATION AND THE CORPORATION OF THE CITY OF KINGSTON.

8:01(10) A Firefighter who is absent for more than one (1) month must furnish immediately following each such period of absence, a certificate on the approved Kingston Fire & Rescue Form A, from his/her physician stating the nature of his/her illness, the latest date of attendance on the Firefighter and the probable date on which the Firefighter will return to duty.

FIREFIGHTER'S NAME:

DATE OF FIRST ATTENDANCE IN THIS ILLNESS:

NATURE (NOT NECESSARILY DIAGNOSIS) OF ILLNESS:

.....

PROBABLE DURATION OF ILLNESS PRIOR TO:

(A) RESUMING FULL FIRE FIGHTING DUTIES:

(B) CAN FIREFIGHTER BE ASSIGNED TO MODIFIED DUTIES, IN THE INTERIM, WHICH WILL INCLUDE NO ACTIVE FIRE FIGHTING DUTIES BUT MAY INCLUDE: REPORT WRITING, LECTURING, FIRE PREVENTION WORK, DRIVING OR OTHER DUTIES INVOLVING MINOR PHYSICAL EXERTION, NOT EXCEEDING THAT NOTED IN THIS PARAGRAPH?

YES: NO: COMMENTS/LIMITATIONS:

.....

.....

IF SECTION B IS ANSWERED YES, WHEN CAN THE FIREFIGHTER COMMENCE MODIFIED DUTY?:

.....

.....

Signature of Physician