



NORFOLK VOLUNTEER FIRE  
DEPARTMENT  
RETURN TO DUTY POLICY

Purpose: Protect all Norfolk Volunteer Fire Department personnel from further harm and injury when performing duty tasks after having been absent because of illness or injury.

Scope: All Personnel

Procedure:

- 1) Definition: An injury or illness occurring either while performing duties for the fire department or non-fire department related illness or injury resulting in the treating physician removing and/or restricting the fire fighter from performing the essential functions of their tasks.
- 2) If the injury and/or illness occurred while performing the duties of a Norfolk Fire Department Member, the illness and/or injury will be covered by the Town of Norfolk's Workers Compensation plan. The member must immediately notify the officer in charge of the illness and/or injury. The officer will see to it that the selectman's office is notified, and proper documentation is submitted and filed. At time of recovery the treating medical professional must sign an Active Duty Release form.
- 3) If the illness and/or injury is sustained while the member is not involved in a fire department activity, the member will have their treating physician sign an Active Duty Release form. This form, signed by the treating physician states the member is physically able to perform the duties and tasks associated with membership level.
- 4) Without an Active Duty Release form, the fire fighter will not be allowed to participate in any fire department activities.
- 5) If a fire department member becomes ill or is injured at their place of employment and as a result is not allowed to work where they are employed, the member will not be permitted to participate in any fire department activities until the time they are cleared to return to their employment.
- 6) "Light Duty" job functions are available to any member needing this level of activity. A medical official will need to sign an Active Duty Release form when no longer needed.

NORFOLK VOL FIRE DEPARTMENT  
ACTIVE DUTY RELEASE FORM

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*This form must be completed and returned to the Officer in Charge as outlined in the Return to Duty policy\*

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TO BE COMPLETED BY THE EMPLOYEE:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name (print): \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

TO BE COMPLETED BY THE ATTENDING PHYSICIAN:

I HAVE EXAMINED THE ABOVE NAME MEMBER AND RECOMMEND:

Return to Work (Full Duty): \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to Work (Limited Duty): \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Cannot Return to Work Until: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Physician's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_



## Absence Request

### Absence Information

Member Name:

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Type of Absence Requested:

Sick

Surgery

Other

Maternity

Dates of Absence:

From:

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To:

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A return to duty form will be needed from medical professional before continuing at normal membership status