



BLACK BUTTE RANCH POLICE DEPARTMENT

POB 8000 / PMB 8244
Black Butte Ranch, OR 97759
Phone/541.595.2191
Fax/541.595.1033

STATUS AND RETURN TO DUTY REPORT FORM

Employee Information

Employee Name:		Today's Date:	
DPSST#		Surgery/Injury Date:	
Next Scheduled Doctors Appoint:		Did Injury Occur on the Job:	<input type="radio"/> NO <input type="radio"/> YES

SHADED AREA TO BE FILLED OUT BY ATTENDING PHYSICIAN

Doctor's Name & Address:	Doctor's Telephone:	Doctor's FAX #:
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Details

Specific Type of Injury and Body Location:

WORK CAPACITY:	RESTRICTIONS (Including medications):
<input type="radio"/> Off Work	1.
<input type="radio"/> Limited Duty	2.
<input type="radio"/> Full Duty	3.
<input type="radio"/> Full Duty-Except Bike Patrol	

I understand the above duty restrictions and alternative work is Only temporary and this assignment is not intended to be Permanent or create a permanent position.

ESTIMATED date of return to work with no restrictions:

COMMENTS:

CHIEF OF POLICE ADMINISTRATION SIGNATURE & DATE

EMPLOYEE SIGNATURE & DATE

