**Butte County Fire Department**

Physical and Mental Stress Statement

Support and EMS Responder

**A description of the physical and mental stresses a volunteer Support and EMS Responder may be subjected is given below. Your judgment as to the volunteer’s capacity to perform the required job duties is needed. In your conclusion, take into account the long range outlook for continued performance and the employee’s ability to safely perform these duties without significant increased risk of injury to self or others due to medical condition.**

The support and EMS responder is assigned to either an urban or rural area and must have endurance to respond and perform a variety of duties including: prevention and education programs, fundraising activities, company administrative assignments, station maintenance, assist with structure fire rehab, structure fire incident accountability and traffic control. In addition, the EMS responder will also respond to medical aid calls and perform CPR as needed.

The support and EMS responder must have hearing adequacy within speech frequencies (uncorrected), full use of hands and feet, the necessary strength and agility required for extensive bending, stooping and squatting. He or she must be able to move objects up to 50 pound.

Duties involve field work requiring physical performances involving average ability.

Name of Volunteer Responder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Company assigned to: \_\_\_\_\_\_\_\_\_

Physician’s Recommendations and Comments:

[ ]  Release to full duty – give effective date:

[ ]  Not Release to full duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Signature of Physician Name of Physician

Butte County risk management notification/approval:

[ ]  Release to full duty – give effective date:

[ ]  Not Release to full duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Signature of County Finance Name