THE GAINESVILLE POLICE DEPARTMENT'S
FITNESS FOR RETURN TO DUTY CERTIFICATION FORM
(All Personnel)

Name: _____ ID# _____ Date: _____

This form shall be completed by a physician if an employee sustains an injury or, has a contagious and/or debilitating illness which substantially* affects his/her ability to perform the essential functions of his/her job class. The City Occupational Health Nurse may complete the forms for all other incidents of illness and/or injury. To complete this form, the complete essential functions block must be completed along with the "Status Information" section. Additionally, the Personnel Services Division Commander or designee may request completion of the forms if he or she has reason to believe that the health and safety of the Department, its employees and/or the citizens of the City of Gainesville may be at risk. If you need assistance completing this form, contact the Personnel Services Division at the Gainesville Police Department at 352-393-7595.

*(Injuries or illnesses that limit the employee's ability to perform the essential functions of the job.)

Essential Physical Functions for Sworn Personnel: (Physical/City Occupational Health Nurse please check appropriate boxes)

As treating physician/nurse, I have examined the employee. This employee has the following limitations:

☐ Unable to participate in physical force situations or training	☐ Unable to make skillful. coordinated movement two hands (manual dexterity)
☐ Unable to sit for extended periods of time	☐ Unable to operate office/radio equipment
☐ Unable to stand for extended periods of time, up to 4 hours during an 8 or 10 hour shift	☐ Unable to make skillful, coordinated movement of fingers of one or two hands (finger dexterity)
☐ Unable to run or jump	☐ Unable to sit in a motor vehicle for extended periods of time up to 6 hours during an 8 or 10 hour shift
☐ Unable to lift objects of at least 20 lbs	☐ Unable to work all shifts: work rotating shift
☐ Unable to perceive movement and depth of field	☐ Unable to push a small car on a flat surface
☐ Unable to detect odors	☐ Unable to climb stairs
☐ Unable to differentiate sounds	☐ Unable to climb through windows
☐ Unable to determine direction sounds originate	☐ Unable to evacuate an unconscious person from a danger area
☐ Unable to differentiate different colors	☐ Unable to meet visual acuity requirements for issuance of a Florida "Operator" Driver's License
☐ Unable to negotiate a 4 foot high fence and other similar obstacles	☐ Unable to work effectively under stressful conditions
☐ Unable to keep hand and arm steady	☐ Unable to use telephone
☐ NO RESTRICTIONS	☐ Other: _____

Expected duration of limitations: _____

Follow Up Appointment Date: _____

Status information: (Completed by Physician and/or City Occupational Health Nurse)

This employee has been evaluated and it is recommended that he/she be placed into the following status:

☐ Restricted Unable to perform all the essential functions of the job class	☐ Unrestricted Able to perform all the essential functions of the job class

This employee has been evaluated and he/she is eligible for the following type of assignment:

☐ Restricted Duty Assignment work assignments based on above limitations	☐ No work assignment Condition would not tolerate any work assignment	☐ Regular Duty Assignment Able to work or return to normal duty assignment

Print Physician's Name: _____

Physician's Signature: _____ Date: _____

City Occupational Health Nurse's Signature: _____ Date: _____

Personnel Commander/designee Signature: _____ Date: _____

White Copy- City Employee Health Services Pink Copy- Employee Yellow Copy- GPD Medical Officer

Revised: 07/14/2025