## MEDICAL CERTIFICATION FOR LIMITED DUTY ASSIGNMENT

MEDICAL SECTION/HUMAN RESOURCES DIVISION/CHICAGO POLICE DEPARTMENT

Officers will not be eligible for limited of	uty assignment if their restrictions prevent them from performing the essential functions of a police of	ficer.
Date:	Patient's Name:	

Does the patient's current medical condition restrict him/her from performing the activities below?

WORK RESTRICTION	YES/NO	DESCRIBE RESTRICTION (e.g. must take break every 30 minutes)	SPECIFY TIME (e.g. for 2 months)
		(c.g. must take broak every so minutes)	,
Repetitive use of hands			
Grasp objects/fine motor skills			
Stand			
Walk			
Squat/kneel			
Twist			
Bend/stoop			
Climb ladders or stairs			
Push/pull			
Operate motor vehicle			
Use radio equipment			
Does the employee's current medical condition limit the hours the employee is available for work?			
Does the employee's current medical condition restrict the environment in which the employee may work?			
Does the employee's current medical condition require the use of a walker, wheelchair, motorized scooter, crutches or cane?			
Does the employee's current medical condition affect his/her vision?			
Does the employee's current medical condition affect his/her hearing?			
Does the employee's current medical condition affect his/her mental or emotional functions?			
Does the employee's current medical condition affect any other ability? Identify the restriction.			

Do you have any additional information which is relevant to the pa or her position which hasn't been addressed above?	atient's ability to perform the essential functions of his
If yes, please provide an explanation below:	
Please explain why you answered "yes" to any of the questions I	isted above. Use additional sheets if necessary.
If any of the above were answered "yes", what is the project	ed duration of the restriction?
I certify that the information given is true and correct.	
Signature of Physician or Practitioner	Date