ALBUQUERQUE PUBLIC SCHOOLS

Human Resources – Extended Leaves Office

Campus Security
MEDICAL RELEASE

_____ _____ _____

Employee Name: Employee Number Employee's Signature

Employees are required to reinstate with the Extended Leaves Office prior to returning to the work site. Return this original Medical Release form to the Extended Leaves/Sick Leave Bank Office, Alice and Bruce King Educational Complex, East Tower, Suite 210.

TO BE COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by the incumbent to successfully perform the essential functions of the job with or without reasonable accommodation:

- The employee must occasionally lift and move up to 50 pounds in supplies which requires bending, stooping and lifting. In addition, the employee must be physically able to intervene in student confrontations following established procedures to promote the safety of all students.
- The employee must be in good overall condition and be able to move about the campus freely.
- The employee must use hands and arms to manipulate objects.
- The employee must use keyboards, tools and other controls.
- The employee must sit and stand for long periods of time.
- The employee must have normal vision and hearing with or without aid.
- The employee must be able to move about assigned location unaided during the day.
- The employee must be able to diffuse student confrontations verbally and physically.

I have reviewed the physical demands of a Campus Security Officer as listed above. Any restrictions that the employee must comply with and the duration of such restrictions are indicated below:

Restriction Duration

_____ _____

_____ _____

Employee can return to work on: _____/_____/_____

_____ _____

Health Care Provider's Signature Date

_____ _____

Health Care Provider's Address Phone Number

IF YOU HAVE RESTRICTIONS, YOUR SUPERVISOR MUST SIGN BELOW:

☐ I am willing: ☐ I am not willing: to work with the above restrictions for this duration.

_____

Supervisor's Signature