ALBUQUERQUE PUBLIC SCHOOLS

Human Resources – Extended Leaves Office

Patrol/Transport Service Aide (Police Department)
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.
- The employee must be physically able to intervene in student confrontations following established procedures.
- The employee must apply unarmed defensive attics techniques on subjects and/or multiple subjects.
- 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.
- The employee must have the physical fitness to move about the campus freely.
- The employee must be able to climb ladders and perform the essential functions of the job at elevated levels.

I have reviewed the physical demands of a patrol/transport service aide 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 _____