



**JUDICIARY OF GUAM**  
**ACCOMMODATION/FITNESS FOR DUTY - MEDICAL EXAMINATION FORM**

# JOG/HR-SME01

**NOTE TO PHYSICIAN:** Deputy Marshals are employed in a law enforcement capacity with the Judiciary of Guam. They assist in the transportation, handling, processing and security of prisoners. Other duties are explained in the attached Job Standard. They are trained and issued firearms pursuant to the Firearms Policy. In part, the Deputy Marshal shall not use or carry any firearm while under the influence of prescribed medication that may affect their mental or physical faculties. They are required to have good vision and hearing and be capable of sitting, walking, running, or riding for indefinite periods. Their general physical condition **must in no way involve any defect which might become a hazard to themselves or others.** Deputy Marshals must be medically able to perform efficiently and safely the full range of duties of the position as described in the attached Job Standard.

Please check the appropriate box beside each requirement/factor indicating restrictions for this employee, complete the back of this form and sign at the bottom of both pages. Within two weeks, please mail or fax this information to:

Administrator of the Courts  
 120 West O'Brien Drive  
 Hagatna, Guam 96910  
 Office: (671) 475-3544 Fax: (671) 477-3184

**EMPLOYEE/PATIENT NAME (PRINT):** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

| FUNCTIONAL REQUIREMENTS  |                          | ENVIRONMENTAL REQUIREMENTS |                          |   |                          |                          |  |
|--------------------------|--------------------------|----------------------------|--------------------------|---|--------------------------|--------------------------|--|
| Restricted               | <u>Not</u><br>Restricted | Restricted                 | <u>Not</u><br>Restricted |   |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Heavy lifting, 45 lbs. and over   | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor environment                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Heavy carrying, 45 lbs. and over  | <input type="checkbox"/> | <input type="checkbox"/> | Indoor environment                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Reaching above the shoulder   | <input type="checkbox"/> | <input type="checkbox"/> | Excessive heat                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Use of fingers  | <input type="checkbox"/> | <input type="checkbox"/> | Excessive cold                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Use of both hands   | <input type="checkbox"/> | <input type="checkbox"/> | Excessive humidity                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Use of both legs  | <input type="checkbox"/> | <input type="checkbox"/> | Excessive dampness or chilling               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Climbing, use of legs and arms  | <input type="checkbox"/> | <input type="checkbox"/> | Dry atmospheric conditions                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Operation of crane, truck, tractor,<br>motor vehicle                      | <input type="checkbox"/> | <input type="checkbox"/> | Working around moving objects<br>or vehicles |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Ability for rapid mental and muscular<br>coordination simultaneously      | <input type="checkbox"/> | <input type="checkbox"/> | Slippery or uneven walking surfaces          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Ability to use and desirability of using firearms                         | <input type="checkbox"/> | <input type="checkbox"/> | Unusual fatigue factors                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Ability to stand for unusually prolonged periods<br>of time               | <input type="checkbox"/> | <input type="checkbox"/> | Working closely with others                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Ability to sit for unusually prolonged periods<br>of time                 | <input type="checkbox"/> | <input type="checkbox"/> | Working alone                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Ability to function normally with irregularly<br>Scheduled intake of food | <input type="checkbox"/> | <input type="checkbox"/> | Prolonged or irregular hours of work         |
|                          |                          |                            |                          |   | <input type="checkbox"/> | <input type="checkbox"/> | Aggressive law enforcement activities        |

**Restrictions must be explained. Use the next page of this form for this purpose and to explain any related medical information or restrictions not covered above.**

**PHYSICIAN'S SUMMARY – FINDINGS – RELATED MEDICAL INFORMATION**

**Summarize on page 2 any findings which need further medical attention and any findings which would limit the employee's performance or present a hazard to the employee or others.**



DIAGNOSIS:

TREATMENT INCLUDING MEDICATIONS AND DOSAGE (INCLUDE MEDICATION SIDE EFFECTS): Indicate planned period of treatment plan, i.e. 1 week, 1 month, 2 months, etc.)

RESTRICTIONS (INCLUDE REASON):

IF RESTRICTED: PROGNOSIS (INDICATE PROBABLE LENGTH OF TIME UNTIL NO RESTRICTIONS)

**PHYSICIAN'S CERTIFICATION FOR FITNESS FOR DUTY**

I have examined \_\_\_\_\_ and he/she appears to be:

- Fit-for-Duty (any limited conditions are noted)
- Unfit-for-Duty Temporarily (describe limitations and length of recovery or treatment)
- Unfit-for-Duty Permanently (explain – Use additional sheets if necessary)

This certification provided is based on my clinical visitation with the employee/patient on: \_\_\_\_\_ at the address of the medical facility indicated below.

PHYSICIAN NAME (PRINT) \_\_\_\_\_ SPECIALTY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FACILITY ADDRESS AND PHONE NUMBERS : \_\_\_\_\_



**INSTRUCTIONS FOR COMPLETION OF THIS FORM**

1. Complete all fields, incomplete forms will not be accepted.
2. Type or print legibly in blue or black ink. If no response is necessary or applicable then indicate on the form "N/A or None". If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "Approx" or "Est".
3. Do not use "white out" or correction tape. Initial and date any changes made to the form.
4. All dates provided on this form must be in Month/Day/Year
5. If you need additional space to complete this form, use a blank sheet of paper and note the employee/patient's name and date of birth on each page.
6. Submit completed form to the Administrator of the Courts whose address is noted at the top of Page 1.

**PURPOSE OF THIS FORM**

**Completion of Form JOG-HRD-SME01 is required to ensure incumbent Deputy Marshals are medically qualified to meet the physical standards and administrative policies to satisfactorily perform his/her law enforcement duties.**

**AUTHORITY TO REQUEST THIS INFORMATION**

**Rule 12.003 of the Judiciary's Personnel Rules and Regulations and the employee's signature to authorize the release of special medical examination results to the Judiciary of Guam, his/her employer.**