



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

JOG/HR-SME01

NOTE TO PHYSICIAN: Probation Officers 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 Probation Officers 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.** Probation Officers 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> Restricted		Restricted	<u>Not</u> Restricted	
[]	[]	Heavy lifting, 45 lbs. and over	[]	[]	Outdoor environment
[]	[]	Heavy carrying, 45 lbs. and over	[]	[]	Indoor environment
[]	[]	Reaching above the shoulder	[]	[]	Excessive heat
[]	[]	Use of fingers	[]	[]	Excessive cold
[]	[]	Use of both hands	[]	[]	Excessive humidity
[]	[]	Use of both legs	[]	[]	Excessive dampness or chilling
[]	[]	Climbing, use of legs and arms	[]	[]	Dry atmospheric conditions
[]	[]	Operation of crane, truck, tractor, motor vehicle	[]	[]	Working around moving objects or vehicles
[]	[]	Ability for rapid mental and muscular coordination simultaneously	[]	[]	Slippery or uneven walking surfaces
[]	[]	Ability to use and desirability of using firearms	[]	[]	Unusual fatigue factors
[]	[]	Ability to stand for unusually prolonged periods of time	[]	[]	Working closely with others
[]	[]	Ability to sit for unusually prolonged periods of time	[]	[]	Working alone
[]	[]	Ability to function normally with irregularly Scheduled intake of food	[]	[]	Prolonged or irregular hours of work
			[]	[]	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.



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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 Probation Officers 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.