



Metropolitan Transportation Authority
POLICE DEPARTMENT
PERSONNEL HEALTH SERVICES FORM



MEMBER'S INFORMATION (TO BE COMPLETED BY MEMBER)

1. Member's Name (Print)		2. Member's Signature			3. Date
4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	5. BSC Number	6. Command	7. Tour / RDO	8. Member's Phone Number	

DOCTOR'S STATEMENT (TO BE COMPLETED BY PHYSICIAN ONLY)

9. Describe patient's illness/injury

10. Does patient have restrictions? YES NO If yes, which of the following restricts the patient from performing:

<input type="checkbox"/> Lift (more than ____ lbs.)	<input type="checkbox"/> Operate motor vehicle
<input type="checkbox"/> Push (more than ____ lbs.)	<input type="checkbox"/> Utilize mass transit
<input type="checkbox"/> Climb	<input type="checkbox"/> Perform repetitive movements
<input type="checkbox"/> Bend	<input type="checkbox"/> Use of firearm
<input type="checkbox"/> Sit for extended periods of time	<input type="checkbox"/> Other _____
<input type="checkbox"/> Stand for extend periods of time	_____

11. Please enter the following dates:

A. Date of first treatment for this condition _____

B. Date patient will be able to perform restricted duties _____

C. Date patient will be able to perform full duties _____

D. Next appointment date and time _____

E. Physical Therapy prescribed? YES NO If yes, how many times per week? _____

12. Physician's Name (Print)	13. Physician's Signature	14. Date
15. Medical Office Address		16. Phone Number
_____		17. Email Address
_____		_____

STATEMENT OF INSTRUCTIONS

This form is required when reporting sick under the following conditions and does NOT require OHS Evaluation:

- For Christmas Eve, New Year's Eve or any MTA designated holiday
- After being denied a request for time off
- For three (3) or more workdays (but less than ten (10) days)
- Classified as Doctor Certified

Email completed form to mcu@mtapd.org upon return to full duty
 Keep original for your records

This form is required when reporting sick under the following conditions and requires OHS Evaluation before returning to full duty:

- Classified Chronic Sick
- Sick for ten (10) or more consecutive workdays
- Sick related to surgery

Email completed form to mcu@mtapd.org
 Submit original form to OHS when reporting for OHS Evaluation

DO NOT USE THIS FORM FOR SERVICE RELATED INJURIES