

**DOCTOR'S CERTIFICATE**  
FOR SELF/DEPENDENT NON-WORK RELATED ILLNESS OR INJURY

DFSS Form #29

Fire Chief's Office  
100 East Eleventh Street  
Saint Paul, Minnesota 55101

**EMPLOYEE NAME:** \_\_\_\_\_  
**(Type or Print)**

**TO THE EMPLOYEE:** Before you give this to your examining doctor, complete this statement:

I hereby grant permission to \_\_\_\_\_, who examined me/my dependent during my/dependent's recent/current illness to supply the information requested regarding the illness. I am employed as a/an \_\_\_\_\_ in the Department of Fire and Safety Services.

EMPLOYEE'S SIGNATURE \_\_\_\_\_

**PHYSICIAN TO COMPLETE THIS SECTION - TYPE OR PRINT CLEARLY**

IF ABSENT FOR DEPENDENT CARE, PROVIDE NAME OF DEPENDENT AND RELATIONSHIP (COMPLETE #'S 1, 3, 4, AND 7)

The purpose of this certificate is to verify that it is (was) necessary for the above-named employee to be absent from work because of a non-work related illness or injury of self or dependent. **NOTE: This form must be completed for the employee to receive paid sick leave benefits.**

Dependent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. DIAGNOSIS \_\_\_\_\_

2. In your opinion, was illness/injury work connected?  Yes  No  Unknown

3. Date patient first consulted you: \_\_\_\_\_

4. Was patient hospitalized?  Yes  No

If yes, which hospital? \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

5. Return to regular work duties with no limitations on: \_\_\_\_\_

6. Return to work with limitations on: \_\_\_\_\_ through \_\_\_\_\_  
(See reverse side for reference.)

7. Dates employee is unable to perform any type of work duties due to illness of self/dependent:

Date: \_\_\_\_\_ through \_\_\_\_\_

**REMARKS:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

**THIS FORM MUST BE RENEWED EVERY TWO WEEKS TO MAINTAIN SICK STATUS**

## **TO THE EXAMINING DOCTOR:**

A light-duty program (return to work program) is available for all Saint Paul Fire and Safety Services employees.

**LIGHT-DUTY IS A PRODUCTIVE WORK ASSIGNMENT THAT UTILIZES THE EMPLOYEE'S SKILLS AND ABILITIES AND TAKES INTO ACCOUNT TEMPORARY MEDICAL LIMITATIONS IMPOSED BY A QUALIFIED MEDICAL AUTHORITY AND THE SAINT PAUL FIRE DEPARTMENT.**

Here is a partial list of the positions available from the light-duty program. Employees may be assigned to a position from the list or to other similar positions consistent with the program.

### **Fire Prevention:**

- Inspections - involves walking, limited climbing of stairs, writing, courier duties (sedentary/ambulatory).
- Clerical - involves answering telephones, filing, sorting (sedentary).
- Public Educator Assistance - involves follow-up calls, sorting brochures (sedentary).

### **Training/EMS Assistance:**

- Involves walking, limited climbing of stairs, filing, courier duties (sedentary/ambulatory).

### **Other:**

- Clerical - involves filing, collation of documents (sedentary).

**NOTE TO PHYSICIANS: LIGHT-DUTY ASSIGNMENTS CAN GENERALLY BE TAILORED TO THE PHYSICAL LIMITATIONS OF THE PATIENT/EMPLOYEE.**

Please request any additional information from the Assistant Chief of Human Services at (651)228-6221.