

# HOUSTON FIRE DEPARTMENT

## VERIFICATION OF HEALTH CARE PROVIDER VISIT FOR NON-OCCUPATIONAL INJURY / ILLNESS

### SECTION 1: SHALL BE COMPLETED BY THE EMPLOYEE

NAME: \_\_\_\_\_  
LAST FIRST MI

PAYROLL: \_\_\_\_\_ RANK OR TITLE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ STATION: \_\_\_\_\_ SHIFT: \_\_\_\_\_ DEBIT DAY: \_\_\_\_\_

EMPLOYEE INJURY OR ILLNESS

SICK FAMILY MEMBER

WELLNESS OFFICE VISIT

EMPLOYEE PHONE CONTACT: \_\_\_\_\_

RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_

DATES OF ABSENCES

### SECTION 2: SHALL BE COMPLETED BY THE HEALTH CARE PROVIDER

NAME OF HEALTH CARE PROVIDER \_\_\_\_\_

HEALTH CARE PROVIDER ADDRESS \_\_\_\_\_

HEALTH CARE PROVIDER PHONE NUMBER \_\_\_\_\_

DATE OF OFFICE VISIT \_\_\_\_\_

DATE OF PROVIDER SIGNATURE \_\_\_\_\_

HEALTH CARE PROVIDER SIGNATURE \_\_\_\_\_

### SECTION 3: SHALL BE COMPLETED BY THE HEALTH CARE PROVIDER

DATE EMPLOYEE RELEASED TO **FULL DUTY** WITHOUT RESTRICTIONS \_\_\_\_\_

OR

DATE EMPLOYEE RELEASED TO **LIMITED DUTY** WITH RESTRICTIONS \_\_\_\_\_

EMPLOYEE IS **RESTRICTED** FROM THE FOLLOWING ACTIVITIES (CHECK ALL APPLICABLE BOXES)

- BENDING  CRAWLING  KNEELING  REACHING  STANDING
- CLIMBING  DRIVING  LIFTING  PIVOTING  STOOPING
- OPERATE OR WORK NEAR EQUIPMENT \_\_\_\_\_
- ADDITIONAL WORK RESTRICTIONS \_\_\_\_\_

### SECTION 4: SHALL BE COMPLETED BY THE RECEIVING SUPERVISOR

DATE HFD FORM 48 RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

SUPERVISOR NAME (PRINT): \_\_\_\_\_ PAYROLL: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ RANK OR TITLE: \_\_\_\_\_

### SECTION 5: TO BE CONSIDERED VALID THE HFD FORM 48 MUST:

HAVE SECTIONS 1 AND 2 COMPLETED (FOR EMPLOYEE FAMILY MEMBER'S CONDITION);  
HAVE SECTIONS 1, 2 AND 3 COMPLETED (FOR EMPLOYEE OWN CONDITION);  
COVER ALL DATES OF ABSENCES;  
BE SIGNED BY A HEALTH CARE PROVIDER AS DEFINED IN APPENDIX A;  
BE SUBMITTED WITHIN **TEN (10) CALENDAR DAYS** (EXCLUDING THE INITIAL DATE OF REQUESTED LEAVE)  
AND EVERY **THIRTY (30) CALENDAR DAYS** THEREAFTER FOR THE DURATION OF THE BONA FIDE NON-  
OCCUPATIONAL ILLNESS, DISEASE, OR INJURY.