

ROCKLAND FIRE DEPARTMENT APPLICATION FOR INJURED – ON – DUTY STATUS

Employer: ROCKLAND FIRE Employee:	Today's date:			Date c	of injury:
Run/incident #: Time of injury: Was protective equipment used? [] Yes or [] No Was there a problem or failure of equipment? [] Yes or [] No If yes, explain: Witnesses: Are all required forms completed and submitted: - Incident Report: [] Yes or [] No - Medical Records Authorization [] Yes or [] No - Doctor's report [] Yes or [] No - Return to work note: [] Yes or [] No - Other: Employee signature:	Employer: ROCKLAND FIRE				
Time of injury:	Employee:				
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- Other: Employee signature: Approved as IOD by chief of department? [] Yes or [] No	- Doctor's report	[]	Yes	or	[] No
Employee signature: Date: Approved as IOD by chief of department? [] Yes or [] No	- Return to work note:	[]	Yes	or	[] No
Approved as IOD by chief of department? [] Yes or [] No	- Other:				
	Employee signature:				Date:
Chief's signature: Date:	Approved as IOD by chief of department?	[]	Yes	or	[] No
	Chief's signature:			<u> </u>	Date:

Please note: All information and signatures are under penalty of perjury.