Left Dept. At:

CITY OF BALTIMORE
REQUEST FOR SERVICES
(Not for Injury or Acute Services)

AGENCY

All agency information MUST be provided with an updated, completed Job Description Summary form.

Date of Request: ____/____/____

Employee/
Candidate Name: _____ SSN: _____-_____-_____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ DOB: _____ Gender: _____

Department: _____ Work Phone: _____

Bureau: _____ Division: _____

Workday
Work Tags: _____

Occupation/
Job Title: _____

Appointment Date for Service: _____ Appointment Time: _____

SERVICE REQUESTED: ***Please check only 1 box.***

- ☐ CDL Pre-Placement
- ☐ CDL New Certification
- ☐ CDL Re-Certification
- ☐ Non-CDL Pre-Placement Evaluation
- ☐ Promotion/Transfer Evaluation
- ☐ Fitness for Duty Exam
- ☐ Return to Work Exam (personal with restrictions)
- ☐ Medical Surveillance Exam (with studies)
- ☐ Other (respiratory, audio, etc.) Specify _____

Requested By: _____ Job Title: _____ Phone: _____

Designated HR Authority: _____ Job Title: _____ Phone: _____

CITY OF BALTIMORE OCCUPATIONAL MEDICAL

Health classification with respect to physical/mental requirements of the job.

☐ 1. Recommended

☐ 2. Health related condition(s) exists which may interfere with performance of essential job functions:

- Lifting limits (weight ranges and frequency)_____
- Sitting (frequency and duration)_____
- Mobility impairment (specify) _____
- Vision impairment (specify)_____
- Hearing impairment (specify)_____
- Mental Health Needs_____
- Other_____

☐ 3. Deferred pending further evaluation. *Due by:* _____

☐ 4. **Does not** meet DOT requirements

☐ 5. Other_____

Examining Professional

Printed Name: _____ Signature: _____ Date: _____

Explanation of Classification

1. Recommended- This individual is fit for work assignment without apparent need for health related accommodation.

2. Health related condition(s) exists which may interfere with the performance of essential job functions and may require accommodation- An individual with a demonstrable physical or mental health condition which may require modifications in the job, environment or manner in which the applicant works and relates to other employees. Where such conditions exist, the medical examiner has listed specific physical and/or mental activities that are of concern for the applicant. If an individual is originally hired under this Health Classification, it is imperative that the employee be re-examined before promotion or job reassignment if the new assignment includes job requirements involving previously listed restrictions.

3. Deferred pending further evaluation- The information available is insufficient to determine whether or not this individual's impairment allows the performance of the essential functions of the job. Additional medical information is necessary.

This assessment was performed ☐ with ☐ without a written statement describing the essential functions of the job.

Requestor removes only the last copy.

1) Original – Medical Services **2) Medical Services** **3) Safety** **4) Designated HR Authority**