

SUBLIMITY FIRE DISTRICT

SUBJECT: Pregnancy	O.G. NUMBER:
PURPOSE:	Original Date:
	Revision Date:

Member Pregnancy

Sublimity Rural Fire District recognizes that proper prenatal care is an important aspect of any pregnancy, and that female firefighters who are pregnant may imperil their developing child through physical stress or chemical exposure.

1. A female firefighter who learns she is pregnant shall notify the Chief of her pregnancy status and request a “Pregnancy Notification and Duty Status Form” and have the form completed by her attending physician and returned to the Chief as soon as possible but no later than 30 days.
2. This form when completed will be placed in the member’s medical file for confidentiality.
3. When the firefighter or her attending physician indicate a need to change the duties of the firefighter becomes necessary the Officers of the fire district will be notified of the change and why.
4. Once duties have been changed, medical release from the member’s doctor is required to return to full active duty.
5. Once the form is submitted it is the firefighters duty to keep it current and accurate.
6. In addition to the medical release, returning firefighters must successfully pass the fire district fitness test if the six-month testing period has expired.

(See example of form on following page)

Pregnancy Notification And Duty Status Form

NAME: _____

TO BE COMPLETED BY THE MEMBERS ATTENDING PHYSICIAN:

The above member has advised the Sublimity Rural Fire District that she is or may be pregnant. Please complete and sign the following form.

PART 1

I confirm that the above named employee has been examined by me and is not pregnant.

PHYSICIAN'S SIGNATURE: _____ DATE: _____

ADDRESS: _____ PHONE: _____

PART 2

I confirm that the above named member has been examined by me and is pregnant. I have read the attached job description and discussed with the firefighter her job functions. I fully understand the physical requirements of the position of firefighter. Additionally, I understand the potential for exposure to hazardous atmospheres and its implications. I therefore recommend this volunteer member for non-hazardous duty assignments until cleared for full duty status.

PHYSICIAN'S SIGNATURE: _____ DATE: _____

ADDRESS: _____ PHONE: _____

PART 3

I confirm that the above named member has been examined by me and is pregnant. I have read the attached job description and discussed with the firefighter her job functions. I fully understand the

physical requirements of the position of firefighter. Additionally, I understand the potential for exposure to hazardous atmospheres and its implications. The above volunteer firefighter can continue to function in this capacity if she so desires for a period not to exceed this date:

PHYSICIAN'S SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE: _____

