

RESTRICTED DUTIES – MEDICAL ASSESSMENT

Officers Name: _____

Warrant Number: _____

BOCU/Unit: _____

Date of Birth: _____ / _____ / _____

Date of Joining MPS: _____ / _____ / _____

Last Fully Operational in: _____

Medical Condition(s) Relevant to Restrictions: -
(Only complete if officer gives consents for management to be given this information)

Recommendations to Management: -

Date of Next Review: _____

Reason (If no further review recommended):

Additional Recommendations/Adjustments:

This Officer is fit for: - FULL / ADJUSTED / RESTRICTED DUTY

Medical Officer (Name): _____

Signature: _____

Date: _____ / _____ / _____

RESTRICTED DUTIES – MEDICAL ASSESSMENT

Officers Name: _____

ACTIVITY			Comments
	Yes	No	
TRAINING			
Officer Safety Training			
Level 3 AID			
Emergency Life Support Training			
WORKING HOURS			
Early Shifts			
Late Shifts			
Night Shifts			
Day Shifts			
Weekend Shifts			
12 Hour Shifts			
UNIFORM			
Shirt Sleeve Order			
Full Uniform			
Metvest 2 (Mehler)			
Essential Equipment Belt			
NOISE			
Noise Hazardous Duties			
ARREST AND RESTRAINT			
Physically Restrain Suspects			
Apply Handcuffs			
Search Personal Effects			
Search Suspects			
Interview Suspects			
Interview Witnesses			
Interview Victims			
ATTENDING EMERGENCIES			
Control an Emergency Situation			
Attend an Emergency Situation			
Use a Met Radio			
Direct Traffic			
Direct Pedestrians			
Manually Handle a Casualty			
GENERIC ACTIVITIES			
Make Decisions			
Understand and Evaluate Information			
Record Details and Information			
Recall Information			
Concentrate			
Explain Information			
Attend Court			
Give Evidence			
Write			
Use Keyboard			
Use Mouse			

RESTRICTED DUTIES – MEDICAL ASSESSMENT

Sit for up to 30 minutes			
Sit for between 30 and 60 minutes			
Sit for over 60 minutes			
Walk for up to 30 minutes			
Walk for between 30 and 60 minutes			
Walk for more than 60 minutes			
Stand for up to 30 minutes			
Stand for between 30 and 60 minutes			
Stand for over 60 minutes			
Run from Danger			
Use Stairs			
Work at Height			
Lift up to 10kg			
Lift up to 5kg			
PUBLIC CONTACT			
Fit for all types of contact			
Fit for telephone contact			
Fit for non-confrontational contact			
Unfit for any public contact			
CUSTODY			
Supervise Custody Suite			
Book In Prisoners			
Escort Prisoners			
DRIVING			
Drive in Response Mode			
Drive Marked Police Vehicles			
Drive Unmarked Police Vehicles			
Drive Own Vehicle on Duty			
INVESTIGATING CRIME			
Search Vehicles			
Search Premises			
Search Land			
Attend Meetings			
Speak in Public			

Officers Signature: _____

Date: ____ / ____ / ____

RESTRICTED DUTIES – MEDICAL ASSESSMENT

Line Manager – Assessment of activities / proposed role / additional operational deployments

Details of proposed role / operational deployments considering capabilities
(Line Manager to ensure risk assessments for the above are completed for any disabled staff and reasonable adjustments for safe deployment).

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Skills / training required for proposed role / operational deployments

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Date.....Signed.....

Individual declaration: Officer’s name:.....

I confirm I have seen the activities assessment and have discussed and agreed the proposed role and/or operational deployments.

Further comments:.....

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Date.....Signed.....