

**ROCKLAND POLICE DEPARTMENT
APPLICATION FOR INJURED – ON – DUTY STATUS**

Today's date: _____ Date of injury: _____

Employer: ROCKLAND POLICE

Employee: _____

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: _____ Date: _____

Approved as IOD by chief of department? ☐ Yes or ☐ No

Chief's signature: _____ Date: _____

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