

Form to be completed by health care provider. An employee on a medical leave under the Family and Medical Leave Act (FMLA) must present this Fitness for Duty / Return to Work Certification to their supervisor prior to returning to work.

The Family and Medical Leave Act (FMLA) guidelines are applied to employees who are on paid or unpaid leave. This form is for return to work purposes of medical leave of absence due to an illness or injury, whether work or non-work related. Because employees are valuable resources, health care providers should assist employees in returning to work as soon as possible.

Health Care Professionals: Your patient has three return to work options.

- **Full Release.** The patient has no work restrictions. They can return to his or her prior position because you, the health care provider certify, that he or she can perform the essential functions of their job.
- **Modified Duty.** The patient has some work restrictions. Work restrictions must be specifically notated on page two of this form. Each modified duty work restriction request will be reviewed carefully to determine if the employee can perform the essential functions of the job and return to work.
- **Not Released.** The patient is not released to work in any capacity due to physical or behavioral limitations.

Gina Provision

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Submission

The Fitness for Duty / Return to Work Certification can be submitted confidentially to:

Fitness for Duty / Return to Work Certification

1. Employee / Patient _____

2. Date of Medical Examination _____

3. Please check the status of the employee's release for duty

- Full, unrestricted duty effective _____
- Modified duty effective _____ and next evaluation date _____
- Not released for any type of duty. Next evaluation date will be _____

4. Physical Evaluation

	Full Restrictions	Partial Restrictions (please specify)	No Restrictions
Sedentary-Lifting 0 to 10 pounds			
Light-Lifting 10 to 20 pounds			
Moderate-Lifting 20 to 50 pounds			
Heavy-Lifting 50 to 100 pounds			
Pulling/Pushing, Carrying			
Reaching or working above shoulder			
Walking			
Standing			
Stooping			
Kneeling			
Repeated Bending			
Climbing			
Operating a motor vehicle			
Finger Manipulation (typing)			
Pain (frequency, degree, signs)			

5. Behavioral Evaluation

	Able to perform	Other Considerations (please specify)	Not Able to perform
Understanding			
Remembering			
Sustained concentration			
Follow-through on instructions			
Decision making			
Receiving supervision			
Relating to co-workers and/or students			

6. Other Restrictions, Considerations, or Notes

I hereby certify that the facts in this document are true and correct.

Printed Name of Health Care Provider

 Date

 Phone Number