

Fitness for Duty/Return to Work Form

Medical authorization from attending physician is required for employees returning to work from family and medical leave. This form must be returned to the Human Resources prior to or before returning to work.

Employee Section

Employee Name/Patient: (Last, First) _____

Date of Injury/Illness: _____

CWID: _____

Physician Section

May resume work at full duty, without accommodation, effective: _____

Normal shift, regular duties

May resume work with the following accommodations effective: _____

Expected duration of accommodations is: _____

Sedentary work (sitting, occasional walking, standing, lifting less than 10 lbs.)

Light work (lifting less than 20 lbs.)

Medium work (lifting less than 50 lbs.)

Heavy work (lifting less than 100 lbs.)

Other – Please describe:

Full Time **OR** Part-Time - _____ Hours per day or _____ per week

He/She has a return appointment on (date) _____ and (time) _____ at (time) _____

Physician Signature

Physician Name (print)

Date

Phone Number (include area code)

Street Address

City, State and Zip Code