

Certification of Health Care Provider for Employee Return to Work

Attached is a list of the essential functions of _____
Employee Name

Date Employee May Return to Work: _____

Please check one of the following options to indicate his/her ability to perform the essential functions of the job.

IMPORTANT: Please limit your answers below to the health condition for which the employees has been on leave. Please do not disclose the underlying diagnosis, including any genetic information* without the consent of the patient.

Full Duty

I hereby certify that the employee named above may return to work on the above date. The employee is able to perform the essential functions of the position. My opinion is based on a review of a position description provided to me, or a discussion with the employee of the position's essential functions.

Modified Duty

I hereby certify that the employee named above may return to work on the above date. However, the employee needs the following proposed accommodations in order to perform the essential functions of the position. My opinion is based on a review of a position description provided to me, or a discussion with the employee of the position's essential functions.

Proposed accommodations:

The foregoing proposed restrictions are:

Permanent

Temporary, until _____ (indicate date)

Physician or Practitioner Information:

_____ Physician's or Practitioner's Signature		_____ Date		
_____ Physician's or Practitioner's Printed Name				
_____ Phone Number				
_____ Fax Number				
_____ Address		_____ City	_____ State	_____ Zip

This form must be returned to:

_____ School Name				
_____ Company Name Representative				
_____ Address		_____ City	_____ State	_____ Zip
_____ Telephone #		_____ Fax #		

_____ Attached is a list of the essential functions of
_____ Full Duty
_____ Modified Duty

*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.