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  ☐ 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