

# Fitness for Duty/Return to Work Form

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*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 immediately with no restrictions

☐ May resume work immediately with the following restrictions:

☐ 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.)

☐ He/She is released to work:

\_\_\_\_\_ Hours per day

☐ His/Her normal shift

☐ He/She may return to work at full duty on (date) \_\_\_\_\_

☐ 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