Return to Work Release Form
Non-work related illness or injury

Physician Certification  Upon return to work, employees absent more than three (3) work days due to illness must provide a physician's certificate or other written statement showing the cause or nature of the illness or injury and release for duty.

TO BE COMPLETED BY THE EMPLOYEE:

Employee:____________________________________________________________

Department:_________________________ Department Phone: ________________________

TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Employee may:

____ Return to work on ____________ (date) without restrictions

____ Return to work on ____________ (date) with restrictions as indicated below through ____________ (date)

If modified duty meeting these restrictions is not available, the employee is considered to be off work until release without restrictions.

Please list restrictions or limitations below:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

____ Restrictions listed below are PERMANENT.

Employees with work restrictions seeking reasonable job accommodations under the Americans with Disabilities Amendment Act must contact the Director of Disability Support Services for evaluation and provide medical documentation of a qualifying disability.

Permanent Restrictions/Comments:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Name of Health Care Provider: ___________________________ Doctor Phone: ______________

Doctor Signature: ___________________________ Doctor Fax: ______________

Today's Date: ___________________________

GINA Statement: The Genetic information Nondiscrimination Act (GINA) prohibits employers from requesting or requiring genetic information of employees or their family members. In order to comply, we are asking that you not provide any genetic information when completing this request.