



3410 Taft Boulevard  
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## 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.