



Fitness-For-Duty Certification

To be completed by employee's health care provider once a return to work date has been determined. Once completed, **please return this certification to your Human Resources Department.**

Employee Name: _____

Employee Social Security Number: _____

Employer Name: _____

Date employee may return to work: _____

Please indicate the status of the employee's release to return to work.

_____ Return to regular work with no restrictions.

_____ Cannot return to work at this time.

_____ Can return to work with the following restrictions:

Employee can return to work with no restrictions on: _____

This certification relates only to the particular health condition that caused the leave.

Signature of Health Care Provider: _____

Date: _____

Type of Practice: _____

Address: _____

Telephone Number: () _____

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 test, the fact that an individual or an individual's family member sought or received genetic services, and genetic information or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Document Date: 11/14/17