



FITNESS FOR DUTY CERTIFICATION – RETURN TO WORK RELEASE

Employee

Name: _____ Job Title: _____ Location: _____

Waiver/Release of Information: I authorize my medical provider(s): _____

to release the following information to my Human Resources Department for the purpose of determining my ability to return to work, with or without accommodation.

Employee Signature: _____ Date: _____

To be completed by medical provider after reviewing requirements of the position (attached as needed or requested).

Employee Name: _____

Date of Examination: _____

May Return to Work: ☐ Yes Date: _____

☐ No Unable to Work From (date): _____ To (date): _____

Limitations Required to Return to Work: ☐ Yes (**Must** complete Work Performance Limitations section below)

☐ No

Follow-up Evaluation or Next Visit is Scheduled for (date): _____

*(If work limitations are temporary, **must** have follow-up appointment to re-evaluate)*

WORK PERFORMANCE LIMITATIONS (check ALL that apply)

These Work Performance Limitations Will Be:

☐ Temporary- starting (date): _____ until (date) _____

Estimated Return to Work at Full Capacity (date): _____

☐ Permanent

Work Hour Limitations / Hardening Schedule: ☐ *This section does not apply*

☐ May not work more than _____ hours/day; _____ hours/week.

☐ Temporary Work Schedule (hours per day, start/end date, rate of hour increase) _____

Weight Limitations: ☐ *This section does not apply*

☐ Lifting Maximum of _____ lbs.

☐ Pushing Maximum of _____ lbs.

☐ Pulling Maximum of _____ lbs.

Physical Demand Limitations: within a workday: ☐ *This section does not apply*

Stand/Walk ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Sit ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Drive ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Push/Pull ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Lift/Carry ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Dexterity Limitations:

☐ *This section does not apply*

Grasping ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Push/ Pull ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Fine Manipulation ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Repetitive Motions ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

Dexterity Limitations cont.: ☐ *This section does not apply*

Operating Controls ☐ Never ☐ Seldom (1-10%) ☐ Occasionally (11-33%) ☐ Frequently (34-66%) ☐ Continuously (67-100%)

☐ Right Hand ☐ Left Hand

☐ Right Foot ☐ Left Foot



Movement Limitations: ☐ *This section does not apply*

Run	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Kneel	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Bend	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Twist	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Squat	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Climb	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Crawl	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Reach	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)
Reach Rotation	☐ 0°	☐ 30°	☐ 60°	☐ 90°	☐ 120°
Reach Rotation	☐ Never	☐ Seldom (1-10%)	☐ Occasionally (11-33%)	☐ Frequently (34-66%)	☐ Continuously (67-100%)

Psychological/Emotional Limitations: ☐ *This section does not apply*

☐ Work in a stressful work environment, manage emergency situations	Explain: _____
☐ Prioritize work tasks on a daily basis	Explain: _____
☐ Manage interpersonal interactions/conflict with internal or external clients and/or public	Explain: _____
☐ Handle multiple sensory stimuli (e.g., audio, visual, etc.) in the work environment	Explain: _____
☐ Manage frequent changes in the workplace	Explain: _____
☐ Complete tasks requiring short-term memory	Explain: _____
☐ Completing tasks requiring attention to details	Explain: _____

Other Limitations: ☐ *This section does not apply*

☐ No exposure to respiratory irritants.	Explain: _____
☐ No exposure to skin irritants.	Explain: _____
☐ Vision	Explain: _____
☐ Hearing	Explain: _____
☐ No exposure to temperature extremes (indicate range).	Explain: _____
☐ Medication side effects (explain).	Explain: _____

Any Other Relevant Medical Facts Related to the Condition:

Medical Provider Name & Title (print): _____	Practice / Specialty: _____
Business Address: _____	
Telephone: _____	Fax: _____
Provider Signature: _____	Date: _____

RETURN COMPLETED FORM TO THE EMPLOYEE'S HUMAN RESOURCES DEPARTMENT
(Contact information will be provided by employee)

Genetic Information Nondiscrimination Act of 2008 Notification:

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 including, but not limited to, when the employee requests leave for a family member's health condition to (1) document appropriate use of sick leave; and (2) where "family medical history" is required to the extent necessary to make the medical certification complete and sufficient under the FMLA and WFMLA.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information unless it meets the family member exceptions noted above.

'Genetic Information' as defined by the GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.