



# Medical Release Return to Work

## SECTION 1: Instructions for the DEPARTMENT

A copy of the essential functions for the employee's position MUST be attached to this form.

## SECTION 2: To be completed by the EMPLOYEE:

Name of Employee (Print): \_\_\_\_\_

Employee Phone: \_\_\_\_\_ Employee Email: \_\_\_\_\_

I  authorize  do not authorize (check one) my health care provider identified below to provide the information requested on this form for the purpose of determining my fitness for duty and for a designated Human Resources professional to contact the health care provider to authenticate and/or clarify the information needed. I understand that this if I do not agree to this authorization, my return to work may be delayed or denied.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## SECTION 3: To be completed by the HEALTH CARE PROVIDER:

Please review the Essential Functions for the employee's position and answer the following:

Is this employee able to perform the essential functions of the position that are attached?  YES  No  
If yes, the employee is fully released to return to work on \_\_\_\_\_ (date)

If no, the employee is released with temporary restrictions to return to work on \_\_\_\_\_ (date)

List the restriction/s: \_\_\_\_\_

Duration of restrictions: \_\_\_\_\_

If no, Are work restrictions permanent?  YES  No

Medications: Has employee been prescribed medications that could impact work performance or safety? \_\_\_\_\_

If yes, does this medication need to be taken during or within 4 hrs. of a work shift? \_\_\_\_\_

Comments: \_\_\_\_\_

## Health Care Provider Information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name (please print): \_\_\_\_\_ Type of Practice: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note to Health Care Provider:** 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 tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or individual's family member or embryo lawfully held by an individual or family member receiving assistive reproductive services.