EMORY UNIVERSITY MEDICAL RELEASE TO RETURN TO WORK FORM

(To be completed by the employee's healthcare provider)

An employee returning from an FMLA or medical leave of absence **must** provide this or a similar physician's version of a return-to-work form **BEFORE** returning to work. The release must be provided to HR Employee Relations before the return day. An employee **may not** return to work without appropriate documentation.

FAX COMPLETED FORM TO:
(404)-712-5205

_____ (*Print Employee Name*) can return to work and perform the essential duties of his/her job.

☐ **With no restrictions** effective _____ (date).

If employee can return to work, but with physical limitations, indicate the restrictions below:

☐ **Return to limited duty** effective _____ (date).

No lifting greater than _____ lbs.
No pushing/pulling greater than _____ lbs.
No prolonged sitting/standing/walking for more than _____ minutes per hour.
No prolonged/repeated bending/twisting at the waist _____ times per hour.
No prolonged/repeated kneeling/squatting _____ times per hour.

Indicate any restrictions on the employee's schedule OR duration of restrictions above.
Employee limited to working: _____ hours/day _____ days per week

These restrictions are in place for: _____ day(s) _____ month(s)

List Specific restrictions/comments if full-duty or full-time hours are not permitted:

_____

_____

_____

Restrictions needed through: _____ (Specific Date) Next Appt. Date: _____
Estimated full duty return to work date: _____

[HEALTHCARE PROVIDER INFORMATION ON NEXT PAGE]

HEALTHCARE PROVIDER INFORMATION

_____ DATE: _____
Signature of Healthcare Provider

_____
Printed Name of Healthcare Provider

Address: _____ Phone: _____
_____ Fax: _____
_____