EMPLOYEE FITNESS-FOR-DUTY CERTIFICATION

The employee's treating health care provider must complete this fitness-for-duty certification.

The employee must provide the completed fitness-for-duty certification to Human Resources **before** reporting to their department or unit.

Employee's Name	Employee's ID Number
Employee's Job Title	Department/Unit
Employee 3 30b Title	Department/onit
I have examined	and certify that they are able to return to work.
(employee's name)	
Date the employee will be able to return from leave:	
Will the employee have any restrictions when they return to work?	NO VES
will the employee have any restrictions when they return to work:	100125
If YES, describe the restrictions (If additional space is needed, please attach a separate sheet:	
Name of Physician or Practitioner (please type or print)	Physician or Practitioner License Number
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Address	
Address	
Phone Number	Fax Number
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Signed (Physician or Practitioner)	Date