

**FITNESS FOR DUTY**

Please ask your doctor to complete this form, and return it to the Human Resources office when you return from your absence due to a “serious health condition.” *If leave is for a Pregnancy Disability<sup>1</sup>, this form is due when you are deemed “physically able” to work.* This form will remain confidential.

Employee’s Name \_\_\_\_\_

Physician’s Name \_\_\_\_\_

Physician’s Address & Phone # \_\_\_\_\_

\_\_\_\_\_

Prognosis \_\_\_\_\_

\_\_\_\_\_

Patient may return to work on \_\_\_\_\_, or is physically able<sup>1</sup> to work as of \_\_\_\_\_.  
(date)

Please specify any work restrictions when patient returns to the job.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician’s Signature      Date