FITNESS FOR DUTY FORM

EMPLOYEE:

Return completed form to employer prior to returning to work.

EMPLOYEE INFORMATION AND INFORMED CONSENT FOR DISCLOSURE OF HEALTH CARE INFORMATION	
Name	
Address	
Telephone Number	Social Security Number

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the physician or practitioner identified below to release and disclose to _____or its employees or representatives of such healthcare records and information concerning my current medical condition as is necessary to determine my fitness for employment and/or eligibility for any employer-provided benefit. This authorization shall be valid for two(2) years from the date shown below, unless revoked by me in writing at an earlier date. Although I understand that I may revoke this authorization in writing at any time, I also understand that any such revocation will not apply to any information that has already been released in reliance on this authorization, and that any revocation may have an adverse effect on the receipt of employer-provided benefits.

Employee Signature: Date:

STATEMENT OF PHYSICIAN OR PRACTITIONER	
Medical Facts Regarding Patient's Condition:	
Date Condition Commenced:	Probable Duration of Condition:
Has patient reached the end of his/her healing period? ☐ YES ☐ NO	Is patient able to perform all of the functions of his/her regular job? ☐ YES ☐ NO
Is patient able to work his/her normal work schedule? ☐ YES ☐ NO (If not, please identify the number of hours per day and the number of hours per week that the patient can work, and the expected duration of the period for the reduced schedule.)	
Is the patient able to return to work without posing a significant risk or substantial harm to him/herself or others? ☐ YES ☐ NO	When can patient return to work?* Restrictions? ☐ YES ☐ NO If yes, describe what restrictions apply in comments.
Comments:*	
Physician Signature	Date

PHYSICIAN OR PRACTITIONER INFORMATION			
Physician Name			
Address			
City		State	Zip Code
Telephone	Field of Specialty	License No.	

MAINTAIN THIS FORM IN FMLA CONFIDENTIAL FILE