

Return to Work Certification

This form is to be completed by health care provider. An employee on a medical leave under the Family and Medical Leave Act (FMLA) must present this Return to Work Certification to Human Resources prior to returning to work.

The Family and Medical Leave Act (FMLA) guidelines are applied to employees who are on paid or unpaid leave. This form is for return to work purposes related to a medical leave of absence due to an illness or injury, whether work or non-work related.

Health Care Professionals: Please consider the following three (3) return to work options:

- **Full Release.** You have determined that the patient/employee has no work restrictions and that he or she can return to their prior job and perform the essential functions of the job.
- **Modified Duty.** You have determined that the patient/employee has some work restrictions. You must specify on page two (2) of this form each modified duty/work restriction and the duration the modified duty or work restriction will remain in place. Include next evaluation date.
- **Not Released.** The patient is not released to work in any capacity due to physical or behavioral limitations. Include next evaluation date.

Gina Provision

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 for 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 of family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Submission

The Return to Work Certification can be submitted confidentially to:

Terry B Wright
Louisburg College
Attn: Director of Human Resources/FMLA
501 N. Main Street
Louisburg, NC 27549

Confidential Fax: (919) 340-2342 | Phone: (919) 497-3294

Return to Work Certification

1. **Employee/Patient** _____
2. **Date of Medical Examination** _____
3. **Please check the status of the employee's release for duty**
 Full, unrestricted duty effective _____
 Modified duty effective _____ and next evaluation date _____
 Not released for any type of duty. Next evaluation date will be _____

4. Physical Evaluation

	Full Restrictions	Partial Restrictions (Please Specify)	No Restrictions
Sedentary Lifting 0 to 10 pounds			
Light Lifting 10 to 20 pounds			
Moderate Lifting 20 to 50 pounds			
Heavy Lifting 50 to 100 pounds			
Pulling/Pushing, Carrying			
Reaching or working above shoulders			
Walking			
Standing			
Stooping			
Kneeling			
Repeated Bending			
Climbing			
Operating a motor vehicle			
Finger Manipulation (typing)			

5. Behavioral Evaluation

	Able to Perform	Other Considerations (Please Specify)	Not Able to Perform
Understanding			
Remembering			
Sustained concentration			
Follow-through on instructions			
Decision making			
Receiving supervision			
Relating to co-workers and students			

6. Other Restrictions, Considerations, or Notes

I hereby certify that the facts in this document are true and correct.

Printed Name of Health Care Provider

Date

Phone Number