

FITNESS FOR DUTY CERTIFICATION

FACULTY/STAFF:

You are required to provide a completed fitness for duty certification prior to returning to work from your approved Family and Medical Leave (FMLA). Once completed, the document must be submitted to Human Resources at least two business days prior to your return to work.

This document must be completed by the health care provider who originally completed the Certification of Health Care Provider form, thus being knowledgeable regarding your reason for using FMLA.

EMPLOYEE INFORMATION AND INFORMED CONSENT FOR DISCLOSURE OF HEALTH CARE INFORMATION		
Name	BU-ID	
Address	Telephone	
City	State	Zip Code

PHYSICIAN OR PRACTITIONER:

STATEMENT OF PHYSICIAN OR PRACTITIONER	
Date on which patient can return to work: <div style="text-align: center; font-size: 1.2em;">/ /</div>	
Is the patient able to work his/her normal work schedule? Yes No	
If not, please identify the number of hours per day and number of hours per week that the patient can work, and the expected duration of the period for the reduced schedule:	
Describe any restrictions that may apply to the patient's work:	
Physician Signature	Date <div style="text-align: center; font-size: 1.2em;">/ /</div>

PHYSICIAN OR PRACTITIONER INFORMATION		
Physician Name	Type of Practice	
Address	Telephone	
City	State	Zip Code