

## FITNESS FOR DUTY CERTIFICATION

**FACULTY/STAFF:**

You are being requested to provide a completed fitness for duty certification prior to returning to work from your extended medical absence. 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 has been treating you for your medical condition which required the extended absence. This form can be faxed to (254) 710-3819

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

**PHYSICIAN OR PRACTITIONER:**

STATEMENT OF PHYSICIAN OR PRACTITIONER	
Date on which patient can return to work:  /    /	
Is the 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 through the requested activity information below:	
Describe any restrictions that may apply to the patient's work other than what is requested in the activity list below:	

Please indicate below the patient's ability to perform the following tasks continuously or intermittently, and give the number of hours per day they may perform each task:

ACTIVITY	CONTINUOUS	INTERMITTENT	#HRS/Day
1. Lifting/ Carrying: (State Max. Weight)	#Lbs.	#Lbs.	
2. Sitting			
3. Standing			
4. Walking			
5. Climbing			
6. Kneeling			
7. Bending/Stooping			
8. Twisting			

9. Pulling/Pushing			
10. Simple Grasping			
11. Fine Manipulation (includes keyboarding)			
12. Reaching above Shoulder			
13. Driving a Vehicle (Specify)			-
14. Traveling			
15. Safe handling of any equipment or material that may be required in any research or teaching; etc., if applicable to the position?			
	<b>Please comment on any specific concerns or limitations in relation to the essential functions of the position.</b>		
16. Is the employee able to perform the essential job functions of the position, which may include understanding; remembering; sustained concentration; accurate awareness of the environment; follow-through on instructions; decision making?			
17. Is the employee able to perform the essential job functions of the position, which may include ability to receive supervision; relate to coworkers and students?			
18. Is the employee able to return to work without posing a significant risk or substantial harm to him/herself or others?			

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