

<b>To employee - complete the following information :</b>	
Employee name:	_____
Employee EID:	_____
Department:	_____
Employee phone:	Employee email: _____

**Fitness for Duty Certification**

**To employee:** Complete Part 1 and arrange for your health care provider to complete and return Part 2. **The completed form must be received by Academic Human Resources seven (7) calendar days prior to your return to work.**

**To Health Care Provider:** An employee on a medical leave under the Family and Medical Leave Act (FMLA) and/or Faculty Sick Leave Policy must present this Fitness for Duty Certification prior to returning to work. Complete Part 2 to certify the employee's ability or inability to return to work and submit it to the Academic Human Resources office (contact information is listed below).

**PART 1 – to be completed by employee (please print)**

I am requesting to return to work on (date) \_\_\_\_\_

I hereby authorize the Health Care Provider named below to release information related to my return to work:

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 2 – Medical Facts: to be completed by Health Care Provider**

Date of Most Recent Medical Examination: \_\_\_\_\_

Please check the status of the employee's release for duty:

**Full, unrestricted duty** without work restrictions, effective (date) \_\_\_\_\_

**Modified duty**, effective (date) \_\_\_\_\_ ; next evaluation date \_\_\_\_\_

Please describe any and all work restrictions, in detail:

Are these restrictions  Permanent  Temporary until (date) \_\_\_\_\_

Not released for any type of duty due to physical or mental limitations; next evaluation date will be \_\_\_\_\_

**Health Care Provider Information**

I hereby certify that the information provided in Part 2 is true and correct.

Name (please print) \_\_\_\_\_ Specialty \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**This document may be submitted confidentially to:**

University of Washington  
 Academic Human Resources  
 Box 351270  
 Seattle, WA 98195-1270  
 Phone (206) 543.5630 Fax (206) 221.4622  
 acadpers@uw.edu

**AHR USE ONLY**

Reviewed by (initials) \_\_\_\_\_ Date: \_\_\_\_\_