Willamette EDUCATION SERVICE DISTRICT

Code: **GCBDA/GDBDA-AR(7)**
Revised/Reviewed: 8/16/17

Fitness-for-Duty Certification

To: _____ Date: _____

From: _____

Subject: Fitness-for-Duty Certification

Family and medical leave for your own serious health condition ends on (date) _____. Prior to returning to work you must provide a Fitness-for-Duty Certification verifying whether you are able to return to work, if you have any job-related restrictions and the duration of any restrictions. Please take this Fitness-for-Duty Certification to your health care provider for completion. The ESD will use this Fitness-for-Duty Certification to determine if you are able to return to work after your leave.

Return the completed Fitness-for-Duty Certification to the ESD prior to the end of your Family and Medical Leave or by (date) _____.

Fitness-for-Duty Certification

Health Care Provider Completes this Section

Instructions: Please complete all sections in order for the ESD to determine if the employee is able to return to duty. The employee's position description or a list of essential duties (ESD specifies which) is attached to this form.

1. The employee is able to return to work full-time without restrictions: ☐ Yes ☐ No

   a. If yes, list the effective date: _____.
   b. If no, complete the following:

      (1) The employee will be able to return to work with no limitation on (date) _____.
      (2) I certify that from (date) _____ to (date) _____ the above named employee will be:

         (a) ☐ Unable to perform the physical requirements of their work; or
         (b) ☐ Is medically incapacitated: ☐ Totally ☐ Partially**

**If partially medically incapacitated, complete the following:

(c) Number of hours per day employee is able to work: _____.
(d) Number of days per week employee is able to work: _____.

(3) List any restrictions on the employee's work: _____

_____

_____

_____

_____ _____
Printed Name of Health Care Provider Type of Practice

_____ _____
Signature - Health Care Provider Date

Health care provider: Please return the completed form to the employee/patient.

Attached: Position description/description of essential duties (ESD specifies which).