

Trinity Valley Community College Fitness-For-Duty-Certification *

Date _____ Social Security # _____ - _____ - _____

Name _____
Last First Middle

This certification must be completed before returning to work. If it is not received, your return to work may be delayed.

Employee's Authorization to Release Information

I hereby authorize my physician to release information regarding the health condition that required my leave of absence (FMLA; Disability Leave, Sick Leave, Workers' Comp).

Employee's Signature

Date

To Be Completed By Physician

I saw and treated this patient on _____, and:

() Recommend his/her return to work with no limitations on _____.

() He/she may return to work on _____ with the following limitations:

These restrictions are in effect until _____ or until the patient is reevaluated on _____.

() The patient is incapacitated at this time. The patient will be reevaluated on _____.

Signature of Health Care Provider

Date

Printed Name of Health Care Provider

Type of Practice

Address

Telephone Number

**** This fitness-for-duty certification is only for the particular health condition that caused the employee's need for leave.***

Original: Human Resources

Trinity Valley Community College is an affirmative action/equal opportunity institution which provides educational and employment opportunities on the basis of merit and without discrimination or harassment because of race, color, religion, sex, national origin, age, or disability.