

Employees on FMLA/Medical due to their own serious medical condition must submit this form to their supervisor prior to their return to work. An employee may not work without this release.

AMHERST SCHOOLS FITNESS FOR DUTY/RETURN FROM LEAVE CERTIFICATION
Amherst Schools, 185 Forest Street, Amherst, Ohio 44001, Fax: 440-988-4413

TO: Health Care Provider

Our employee, _____, began a period of medical care leave for his/her serious health condition on ____ / ____ / ____.

As a condition of return to work, our employees must have a medical examination. This form must be completed his/her health care provider, before the employee is allowed to resume his/her job duties.

1. Employee Name: _____
2. Employee's Job Title: _____
3. Date of Medical Examination: _____
4. Date employee may return from leave _____
5. Please indicate with a check mark the status of the employee's release for duty.
 Full, unrestricted duty.
 Not released for any type of duty.

6. I hereby certify that the foregoing facts are true and correct, and that this form is executed under penalty of perjury at _____, this _____ day of _____, _____.
(List City and State) (month) (year)

Signature of Health Care Provider Date

Print Name of Health Care Provider Phone Number

Type of Practice License No.

Address

City State Zip

cc: Personnel File
