## Fitness for Duty Certification

**Form to be completed by health care provider.** An employee on a medical leave under the Family and Medical Leave Act (FMLA) must present this Fitness for Duty Certification to their supervisor prior to returning to work.

The Family and Medical Leave Act (FMLA) guidelines are applied to employees who are on paid or unpaid leave. This form is for return to work purposes of medical leave of absence due to an illness or injury, whether work or non-work related. Because employees are valuable resources, health care providers should assist employees in returning to work as soon as possible.

Health Care Professionals: Your patient has three return to work options.

- **Full Release.** The patient has no work restrictions. They can return to his or her prior position because you, the health care provider certify, that he or she can perform the essential functions of their job.
- Modified Duty. The patient has some work restrictions. Work restrictions must be specifically notated on page two of this form. Each modified duty work restriction request will be reviewed carefully to determine if the employee can perform the essential functions of the job and return to work.
- Not Released. The patient is not released to work in any capacity due to physical or behavioral limitations.

## **Gina Provision**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Submission

The Fitness for Duty Certification can be submitted confidentially to:

Marquette University Human Resources, Attn: FMLA PO Box 1881, Straz Tower, Room 185 Milwaukee, WI 53201-1881

Fax: (414) 288-7425 | Phone: (414) 288-7496

## Fitness for Duty Certification

	ee / Patient			
ate of	Medical Examination			
lease c	heck the status of the emplo	yee's release for	duty	
] F	Full, unrestricted duty effective			
] 1	Modified duty effective and next evaluation date			
] N	Not released for any type of d	uty. Next evaluat	ion date will be	
hysical	l Evaluation			
		Full Restrictions	Partial Restrictions (please specify)	No Restriction
	ary-Lifting 0 to 10 pounds			
Light-Lif	fting 10 to 20 pounds			
Modera	ate-Lifting 20 to 50 pounds			
	ifting 50 to 100 pounds			
	Pushing, Carrying			
Reachin	ng or working above shoulder			
Walking				
Standing				
Stoopin	g			
Kneelin	g			
Repeate	ed Bending			
Climbin	g			
Operati	ng a motor vehicle			
Finger N	Manipulation (typing)			
Pain (fre	equency, degree, signs)			
ehavio	oral Evaluation	Able to	Other Considerations	Not Able to
		perform	(please specify)	perform
Underst				
Remem				
Follow-through on instructions				
Relating	g to co-workers and students			
Follow-t Decisior Receivir	ed concentration through on instructions n making ng supervision g to co-workers and students  estrictions, Considerations, c	or Notes		