

**SECTION 1 – For Completion by the EMPLOYEE**

INSTRUCTIONS to the EMPLOYEE: Please complete Section I before giving this form to your medical provider. You will be required to present a fitness-for-duty certification to be restored to employment. If such certification is not received, your return to work may be delayed until certification is provided. The fitness-for-duty certification must address your ability to perform these functions. NOTE: The fitness for duty certification must be completed and **submitted no more than five days prior to returning to work.**

Employee name:	Employee Panther ID:
Employee Position Title:	Campus Phone #:
Supervisor's Name:	Supervisor's phone # or email:
Phone # where employee can be reached:	
Employee FIU email:	Alternative email:

**SECTION 2 – For Completion by the HEALTH CARE PROVIDER**

INSTRUCTIONS to the HEALTH CARE PROVIDER:  
The employee listed is required to present this fitness-for-duty certification in order to be restored to employment. The fitness-for-duty certification must address the employee's ability to perform their essential functions upon returning to their employment. NOTE: The fitness for duty certification must be completed and submitted no more than 15 days prior to returning to work.

√ Attached is a list of the employee's essential functions.

I have **read the patient's job duties** and determined that the patient named above is able to perform **all** the essential functions of their job **upon their return to work**.

**YES**, EMPLOYEE IS RELEASED TO RETURN TO WORK **WITHOUT** RESTRICTIONS ON \_\_\_\_\_(DATE)

**NO**, EMPLOYEE IS RELEASED TO RETURN TO WORK ON \_\_\_\_\_(DATE) **WITH** RESTRICTIONS

Temporary until (specify date): \_\_\_\_\_

Permanent

Please list the essential functions the employee **is unable or restricted to perform**:

Healthcare Provider Signature:	Date:
Name of Healthcare Provider:	Type of Practice/ Medical Specialty
Address:	Telephone number /E-Mail Address