

SECTION I – 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 ID No.:
Employee Position Title:	Campus Phone:
Employee Supervisor's Name:	Supervisor's Phone:
Employee Current Mailing Address:	
Home Phone Number :	Cell Number:
Employee FIU email:	Alternative email:

SECTION II – 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 five days prior to returning to work.**

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

Is the employee able to perform **all** the essential functions of their job **upon their return to work**?

- YES If **YES**, DATE EMPLOYEE IS RELEASED TO RETURN TO WORK: _____
- NO If **NO**, DATE EMPLOYEE IS RELEASED TO RETURN TO WORK: _____

AND please list the essential functions the employee is unable or **restricted** to perform

AND the **restrictions** listed above **upon returning to work** are:

- Permanent Temporary until (specify date): _____

Healthcare Provider's Signature	Date:
Name of Health Care Provider (Please use Medical Stamp):	Type of Practice / Medical Specialty:
Address:	Telephone Number: