

HAMSHIRE FANNETT INDEPENDENT SCHOOL DISTRICT
RETURN TO WORK/FITNESS FOR DUTY FORM

Employee's Name _____ **Position** _____

Directions: This form must be completed by the above named employee's health care provider and returned to Mrs. Kristi Martinson by [date returning to work] _____. The attached job description should be used by the provider to assess the above named employee's ability to perform his job duties and describe the nature of the employee's release to return to work. The form can be returned via email kmartinson@hfhorns.net or hand delivery to the HFISD Administration Building.

Return to Work/Fitness for Duty (to be completed by the health care provider).

Per the signature below, the treating medical professional confirmed he/she has reviewed the employee's job description and is familiar with the employee's current and past medical conditions. Based on the employee's job description and current health the treating medical professional confirms:

- The employee is able to return to work and perform his job duties as described in the enclosed job description as of _____ (date) without restrictions.

- The employee can return to work as of _____ (date) with the following restrictions, which are expected to last through _____ (date).
Restrictions: _____
_____.

- The employee has reached maximum medical improvement and is incapable of performing his job duties for the foreseeable future.

REQUIRED - Comments supporting above conclusion(s):

Signature of the Medical Professional

Date

Name/Credentials of Medical Professional

Phone Number

Mailing Address