

**Eastern Panhandle Instructional Cooperative (EPIC)
FITNESS FOR DUTY TO RETURN TO WORK
CERTIFICATION**

An employee who has been off work for a work-related injury or an extended leave for his/her own medical condition **must** present this release to the EPIC Human Resources Director prior to returning to work. An employee will not be allowed to return to work without this release.

1. Employee Name: _____

2. Employee's Job Title: _____

To: Health Care Provider

Our employee (named above) has been off work for a work-related injury or for his/her own medical need.

As a condition of his/her return to work, the employee must have a medical examination. This form must be completed by you, his/her health care provider, before the employee is allowed to resume his/her job duties. A copy of those primary duties is attached. Please consider those duties when making a recommendation for return to work.

Date of Medical Examination: _____

I certify that I have examined _____ and find that he/she may return to work without restriction on _____.

Additional Notes: _____

Signature of Health Care Provider

Date

Print Name of Health Care Provider

Phone Number

Address

City State Zip

Type of Practice

Please return this form to EPIC at the address below or FAX it to 304-267-3599 Attention: HR Director.

EPIC
109 South College Street
Martinsburg, WV 25401
Attention: Human Resources Director