

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

An employee who has been off work for a work-related injury or an extended leave for their own medical condition **must** present this release form to the EPIC Human Resources Director prior to returning to work. Reasonable accommodations may be made on a case-by-case basis to allow an employee to return with limited restriction when safety is not compromised **and** the restricted return does not provide hardship for the program.

Employee's Name: _____

Program & Job Title: _____

To: Health Care Provider

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

As a condition of their return to work, the employee must have a medical examination and receive clearance to return to work. This form must be completed by you, the health care provider, before the employee is allowed to resume their job duties as assigned. **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 the employee named above and have reviewed the physical requirements of their job duties. Based on that examination and review of duties, I make the following recommendation:

___ The employee may return to work to **perform all job duties without restriction** on _____.

___ The employee is **NOT** yet able to return to work and complete their full job duties without restriction. Their current restrictions are: _____

_____. These restrictions are needed until _____. After this date, the employee can return to full duty without restriction. If a full-duty release date is unknown at this time, the employee will be re-evaluated for a return to full duty without restriction on _____.

Signature of Health Care Provider

Date

Print Name of Health Care Provider

Phone Number

Address

Fax Number

City State Zip

Type of Practice