Return to Work (Fitness for Duty)

Certification Form

This form is to be completed by a health care provider. An employee who has taken medical leave must present this form to Human Resources prior to returning to work. This form is for return to work purposes of medical leave of absence due to an extended illness or injury.

Health Care Professionals

Your patient has three return-to-work options.

- **Full Release**. The patient has no work restrictions. They can return to their prior position because you, the health care provider, certify that they can perform the essential functions of their job.
- **Modified Duty**. The patient has some work restrictions. Work restrictions must be specifically notated in the specified area on this form. Each modified duty work restriction request will be reviewed carefully to determine if the employee can perform the essential functions of the job and return to work.
- **Not Released**. The patient is not released to work in any capacity due to physical or behavioral limitations.

GINA Provision

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic

information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Submission

The Return to Work (Fitness for Duty) certification must be submitted to the following:

Charity L. Comella

Assistant Superintendent for Personnel

West Windsor-Plainsboro Regional School District

321 Village Road East

West Windsor, NJ 08550

Email: charity.comella@wwprsd.org

Telephone: (609) 716-5000, extension 5015

Cell Phone: (609) 649-5983

Facsimile: (609) 716-5038

Return to Work "FITNESS FOR DUTY"

CERTIFICATION

(to be completed by the staff member's physician)

Employee/Patient Name (Last, First, & Middle)	**Date of Exam**

Employee's Release for Duty Status as a _____ (complete blank with WW-P district work assignment- ie teacher, instructional assistant, bus driver, secretary etc))

☐ Full, unrestricted duty effective ____/____/_____
☐ Modified duty effective ____/____/_____ and next evaluation date ____/____/_____
☐ Not released for any type of duty. Next evaluation date will be ____/____/_____

Physical and/or Behavioral Restrictions (Check and explain any that may apply.)

Lifting Restrictions	**Explanation**
☐ Sedentary, 0 to 10 pounds	
☐ Light, 10 to 20 pounds	
☐ Moderate, 20 to 50 pounds	
☐ Heavy, 50 to 100 pounds	

Employee/Patient Name (Last, First, & Middle)	Date of Exam
Other Physical Restrictions	**Explanation**
☐ Pulling/Pushing/Carrying	
☐ Reaching/Working above Shoulder	
☐ Walking	
☐ Standing	
☐ Stooping	
☐ Kneeling	
☐ Repeated Bending	
☐ Climbing	
☐ Operating a Motor Vehicle	
☐ Finger Manipulation (typing)	
☐ Pain (frequency, degree, signs)	

Behavioral Restrictions	Explanation
☐ Understanding	
☐ Remembering	
☐ Sustained concentration	
☐ Follow-through on instructions	
☐ Decision making	
☐ Receiving supervision	
☐ Relating to co-workers	

Other Restrictions, Considerations, or Notes

I hereby certify that the facts in this document are true and correct.

Health Care Provider

Signature:_____

Name (print):_____ **Date:**_____

Phone Number:_____