

PROSPER ISD FITNESS-FOR-DUTY-FORM

Employee's Name _____ Position _____

Directions: This form must be completed by your health care provider and returned to Carolin Causey before your return to work. The form should be returned a minimum of two work days before the expected return to work date. The attached job description should be used by the provider to assess your ability to perform your job duties. Fax: 469-219-2022

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

Based on the employee's job and medical condition:

- the employee is able to return to work 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).

Signature of Provider:

Date:

Name, Address, and Phone Number (please print):