

Medical Release Certificate

This Medical Certificate must be completed by the Employee's attending physician if the Employee was off due to a non-work related illness/injury for 21 or more days; was hospitalized for any reason; or, was treated for a communicable or contagious disease, mental or nervous condition, diabetes, seizure disorder or cardiovascular disease. There must be sufficient data to enable Occupational Health Service personnel to determine that the Employee can return to work without hazard to self or others. This does not apply to FMLA covered absences.

Employee Name _____ SSI # _____

1. Nature of illness/injury _____

2. Treatment plan _____

3. If applicable, dates of hospitalization from _____ to _____

4. If applicable, type of surgical procedure and date _____

5. If treated for a chronic medical condition, identify the condition and give evidence of adequate control _____

6. List medication that the employee is taking _____

7. The Employee was unable to perform work from _____ to _____

8. Is the Employee able to return to full duty Yes No

9. Is the Employee able to return to restricted duty Yes No

If Yes, list specific restrictions and for what length of time they will be in effect

Physician's Printed Name

Physician's Signature

Date

Physician's Address: _____

Phone # _____

Fax # _____

