

## Leaves of Absence - Fitness for Duty (Return to Work) Certification Form

**This section to be completed by Health Care Provider:**

Please complete all sections in order for Morrissey, Inc to determine if the employee is able to return to duty. The employee's job description and/or list of essential duties is attached to this form for your aid in completing the fitness for duty certification.

Employee/Patient Name \_\_\_\_\_

☐ Yes ☐ No      The employee is able to return to work full-time without restrictions.

If yes, list the effective date: \_\_\_\_\_

If no, complete the following:

The employee will be able to return to work with no limitations on (date) \_\_\_\_\_

I certify as of (date) \_\_\_\_\_ the above named employee will be:

☐ Unable to perform the physical requirements of their work

☐ Is medically incapacitated:    ☐ Totally    ☐ Partially\*

Date of next evaluation: \_\_\_\_\_

\*If partially medically incapacitated, complete the following:

PHYSICAL EXAMINATIONS	FULL RESTRICTIONS	PARTIAL RESTRICTIONS	NO RESTRICTIONS
Sedentary-Lifting 0 to 10 pounds			
Light-Lifting 10 to 20 pounds			
Moderate-Lifting 20 to 50 pounds			
Heavy-Lifting 50 to 100 pounds			
Pulling/Pushing, Carrying			
Reaching or working above shoulder			
Walking (hrs)			
Standing (hrs)			
Sitting (hrs)			
Stooping (hrs)			
Kneeling (hrs)			
Repeated Bending (hrs)			
Climbing (hrs)			
Operating a motor vehicle, crane, tractor, etc.			
Other:			



Please return the completed form to the employee/patient.

---

Name of Health Care Provider

---

Date

---

Signature of Health Care Provider

---

Type of Practice

**GINA Act Notice:** 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.