

**ROBERTSON COUNTY SCHOOLS
FITNESS FOR DUTY CERTIFICATION**

EMPLOYEE: You are required to have this fitness for duty certification completed by the health care provider who has knowledge regarding your reason for using FMLA / Medical Leave. **You must submit this completed form to your supervisor / principal prior to your return to work.** Your supervisor will then forward this form to Human Resources to be placed in your medical file.

Employee Name (print): _____ Phone: _____

Address: _____

Date Leave Began: _____ School: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Instructions: After reviewing attached job description, please complete the following questions below and sign and date. GINA Statement: The Genetic information Nondiscrimination Act (GINA) prohibits employers from requesting or requiring genetic information of employees or their family members. In order to comply, we are asking that you not provide any genetic information when completing this request.

Date of Examination: _____

Fitness-for-Duty Status:

The above-named employee has been released to return to work without restrictions, effective ____/____/____.

The above-named employee is not released to return to work, and next evaluation date ____/____/____.

The above-named employee has been released to return to work, effective ____/____/____, with the FOLLOWING RESTRICTIONS:

Employee is restricted from performing the following job functions _____

The restrictions are: Permanent or Temporary until (specify date): _____

Additional Comments _____

Health Care Provider Certification: (NO STAMPS WILL BE ACCEPTED)

My signature indicates that I have read and understand the employee's job description and the listed tasks within the job description and that my findings are based on my medical assessment of this employee's ability to perform the job duties.

Provider's Signature: _____ Date: _____

Printed Name: _____ Type of Practice/Specialty: _____

Address: _____ Phone Number: _____

Please return this form to Human Resources. Human Resources must be notified in writing immediately if date(s) change. It is the employee's responsibility to contact the Finance Office at 615-384-0202 regarding eligibility for employee benefits.

FOR OFFICE USE ONLY

Human Resources' Signature: _____ Date: _____