

**HAMSHIRE FANNETT INDEPENDENT SCHOOL DISTRICT**  
**RETURN TO WORK/FITNESS FOR DUTY FORM**

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Employee's Name \_\_\_\_\_ Position \_\_\_\_\_

**Directions:** This form must be completed by the above named employee's health care provider and returned to Kristi Martinson by \_\_\_\_\_. The attached job description should be used by the provider to assess the above named employee's ability to perform his job duties and describe the nature of the employee's release to return to work. The form can be returned via email [kmartinson@hfhorns.net](mailto:kmartinson@hfhorns.net) or fax 409-243-3437.

**Return to Work/Fitness for Duty** (to be completed by the health care provider).

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Per the signature below, the treating medical professional confirmed he/she has reviewed the employee's job description and is familiar with the employee's current and past medical conditions. Based on the employee's job description and current health the treating medical professional confirms:

- The employee is able to return to work and perform his job duties as described in the enclosed job description 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).  
Restrictions: \_\_\_\_\_  
\_\_\_\_\_.
  
- The employee has reached maximum medical improvement and is incapable of performing his job duties for the foreseeable future.

**REQUIRED - Comments supporting above conclusion(s); employee will not be able to return to work without supporting comments:**

\_\_\_\_\_  
Signature of the Medical Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Credentials of Medical Professional

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address