South San Antonio Independent School District

FITNESS FOR DUTY

EMPLOYEE BENEFITS & LEAVE
5622 Ray Ellison BLVD, SAN ANTONIO, TEXAS 78224
PHONE: 210-977-7000; FAX: 210-939-6123 Email: BENEFITS@SOUTHSANISD.NET

Employee's Name:_____ **Position:** _____

Directions: This required form must be completed by your health care provider and returned to the **South San Antonio ISD Human Resources- Benefits Office** at least **5** working days prior to your return to work. This form should be used by the provider to assess your ability to perform your job duties.

Fitness for Duty (to be completed by the Health Care Provider.)

Based on the employee's job and medical condition:

❒ Employee is able to return to work as of_____(date) full duty with no restrictions.

❒ Employee is able to return to work as of_____(date) with the following restrictions (please note in the space below), which are expected to last through_____(date).

❒ Employee is not able to return to work as of_____(date) and will be reevaluated on _____(date).

Signature of Health Care Provider:	Date:

Health Care Provider's Information (Please print & include all information below)

Name:_____

Address:_____

Phone Number: _____