



Fitness to Return to Work

Aptitud para regresar al trabajo

Submit to/Envia a: Human Capital Office, Attn: Dr. Karen Gonzalez
karen.gonzalez@gpisd.org
2602 South Belt Line Road, Grand Prairie, Texas 75052
Office: 972-237-5369 Fax: 972-237-5318

The **Fitness to Return to Work form must be completed by your healthcare provider.** Return the completed form to Human Capital at least two **(2) days before** the date you intend to return to work.

El formulario de Aptitud para Regresar al Trabajo debe ser completado por su proveedor de atención médica. Entregue el formulario completado a Recursos Humanos por lo menos dos (2) días antes de la fecha en que tiene previsto regresar al trabajo.

EMPLOYEE INFORMATION (INFORMACION DEL EMPLEADO)

Full Name / Nombre Completo

Date / Fecha

--	--

Address / Dirección

--	--

City / Ciudad

State / Estado

Zip Code / Código Postal

--	--	--

Phone Number / Número de teléfono

--

Current Assignment / Título

Campus or Department / Campus o Departamento

--	--

--	--

Employee Signature / Firma del Empleado

Date / Fecha

FITNESS FOR DUTY CERTIFICATION

Must be completed by health care provider

Debe ser completado por el proveedor de atención médica

Based on the employee's medical condition:

☐ The employee is able to return to work ***without restrictions*** as of:

--

Date

☐ The employee is able to return to work ***with the listed restrictions*** as of:

--

Date

List detailed restrictions below-

--

These restrictions are expected to last through:

--

Date

--	--

Signature of Healthcare Provider

Date

Healthcare Provider Information:

Provider's Name

Office telephone #

--	--

Provider's Address

--