FITNESS FOR DUTY (RETURN TO WORK CERTIFICATION)

INSTRUCTIONS FOR EMPLOYEE: IF LEAVE PERTAINS TO YOUR OWN SERIOUS HEALTH CONDITION, THIS FORM MUST BE RETURNED TO THE HUMAN RESOURCES DEPARTMENT PRIOR TO YOUR RETURN TO WORK. IF SUCH CERTIFICATION IS NOT RECEIVED IN A TIMELY MANNER, YOUR RETURN TO WORK MAY BE DELAYED. IF LEAVE PERTAINS TO THE SERIOUS HEALTH CONDITION OF A FAMILY MEMBER, THIS FORM IS NOT REQUIRED. PLEASE COMPLETE THE TOP PORTION OF THIS FORM, THEN FORWARD TO YOUR HEALTH CARE PROVIDER TO COMPLETE AND SIGN. THE FORM MAY BE FAXED OR MAILED BACK TO MCPS HUMAN RESOURCES AT 540.394.4446.

Montgomery County Public Schools

EMPLOYEE

Employee: Telephone:

Employee's Department: Supervisor:

I authorize my health care provider to provide the following fitness for duty certification including addressing my ability to perform the essential functions of my job.: ☐ Yes ☐ No

Signature: Date:

HEALTH CARE PROVIDER

HEALTH CARE PROVIDER COMPLETES THIS SECTION

PLEASE COMPLETE THE FOLLOWING INFORMATION PRIOR TO THE EMPLOYEE'S RETURN TO WORK.

Printed Name of Health Care Provider: _____

Specialty: _____

Signature: _____

Date: _____

Health Care Provider Address: _____

_____

Phone Number : _____

Fax Number: _____

Please review the essential job duties of the employee on the attached job description. *(If a job description is not attached please contact Susan Compton at 540.382.5100, ext. 1069)*

Is the employee able to resume work? ☐ Yes Date of Return _____ ☐ No

Is the employee able to perform the essential job functions described in the attached description? ☐ Yes ☐ No

If no, please address the specific essential functions that the employee is not able to perform and include in your response whether or not there is a reasonable accommodation recommended (and for how long) to enable the employee to perform these functions.

_____

_____

_____

_____

_____.

Attach additional sheet(s) if needed. If the following Work Duties Restrictions form is relevant, please feel free to use it to assist you in filling out the information regarding the essential job functions.

Work Duties Restrictions	No Restrictions	Total Restricted Hours Per Day (total number of hours per day the employee is able to work with the restrictions)					Hours Restricted At One Time (number of hours at one time the employee is able to work with the restrictions)				
		8+	6-8	4-6	2-4	0-2	8+	6-8	4-6	2-4	0-2
❑ Stand/Walk	❑										
❑ Sit	❑										
❑ Drive	❑										
❑ Bend	❑										
❑ Squat	❑										
❑ Kneel	❑										
❑ Climb	❑										
❑ Twist	❑										
❑ Crawl	❑										
❑ Reach	❑										
❑ right hand	❑										
❑ left hand	❑										
❑ overhead	❑										
❑ Grasp	❑										
❑ right hand	❑										
❑ left hand	❑										
❑ Fine Manipulation	❑										
❑ right hand	❑										
❑ left hand	❑										
❑ Use Keyboard	❑										
❑ Push/Pull	❑										
❑ right hand	❑										
❑ left hand	❑										
❑ Lift _____ lbs	❑										
❑ Carry _____ lbs	❑										

Montgomery County
Public Schools

Dear Health Care Provider:

Our employee has either been on approved Family and Medical Leave Act leave, or experienced an injury or illness not covered by FMLA that may impact their ability to safely and successfully complete their work. Please complete the Health Care Provider certification and return the form to the Human Resources Department.

via fax to:

Montgomery County Public Schools
Human Resources Department
Attn: Susan Compton
Fax: 540.394.4446

or via mail to:

Montgomery County Public Schools
Human Resources Department
Attn: Susan Compton
750 Imperial Street, SE
Christiansburg, VA 24073

Notice:

If the employee is returning from FMLA leave, then the employer is requesting the attached fitness-for-duty certification only with regard to the particular health condition that caused the employee's need for FMLA leave on _____.

If you have any questions, please contact Susan Compton at 540.382.5100, ext. 1069 or email susancompton@mcps.org.

Thank you for your assistance.

Department of Labor regulations for the Family and Medical Leave Act define a "health care provider" as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or clinical social worker who is authorized to practice by the State and performing within the scope of their practice as defined by State law, or a Christian Science practitioner. A health care provider also is any provider from whom the school system or the employee's group health plan will accept certification of a serious health condition to substantiate a claim for benefits.

Genetic Information Nondiscrimination 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 fitness for duty certification. "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 and individual or family member receiving assistive reproductive services.