Fitness for Duty Certification (Academic Personnel Only)

To employee: Complete Part 1 and arrange for your health care provider to complete and return Part 2. The completed form must be received by Academic Human Resources seven (7) calendar days prior to your return to work. Completed forms should be submitted directly to Academic HR and not your college, school, or department.

To Health Care Provider: An employee on a medical leave under the Family and Medical Leave Act (FMLA) and/or Faculty Sick Leave Policy must present this Fitness for Duty Certification prior to returning to work. Complete Part 2 to certify the employee’s ability or inability to return to work and submit it to the Academic Human Resources office (contact information is listed below).

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**PART 1 – to be completed by employee (please print)**

I am requesting to return to work on (date) _______________

I hereby authorize the Health Care Provider named below to release information related to my return to work:

Employee signature ___________________________________________ Date __________________

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**PART 2 – Medical Facts: to be completed by Health Care Provider**

Date of Most Recent Medical Examination: _______________________

Please check the status of the employee’s release for duty:

☐ Full, unrestricted duty without work restrictions, effective (date) ______________

☐ Modified duty, effective (date) ______________; next evaluation date ______________

Please describe any and all work restrictions, in detail:

Are these restrictions ☐ Permanent ☐ Temporary until (date) ______________

☐ Not released for any type of duty due to physical or mental limitations; next evaluation date will be ______________

Health Care Provider Information

I hereby certify that the information provided in Part 2 is true and correct.

Name (please print) __________________________ Specialty __________________________

Business Address __________________________ Phone __________________________

Health Care Provider Signature __________________________ Date __________________________

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This document may be submitted confidentially to:

University of Washington
Academic Human Resources
Box 351270
Seattle, WA 98195-1270
Phone (206) 543.5630 Fax (206) 221.4622
apleaves@uw.edu

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AHR USE ONLY

Reviewed by (initials) __________ Date: __________

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