



Employee: _____

Date Employee may return to work: _____

Is employee able to perform essential functions of employee's position on a full-time basis?
(Answer after reviewing description of essential functions of employee's position from employer)

Yes

No

Please list restrictions and/or special accommodations, if any, of functions of employee's position

May employee return to work on a temporary part-time basis?

Yes

No

Please list restrictions and/or special accommodations, if any, of functions of employee's position.

Please list estimated date of employee's ability to resume full-time employment: _____

Signature Physician or Practitioner

Date