



Human Resources
FMLA
Return to Work
Medical Evaluation

Dear: _____

Date

This letter is in reference to _____ our employee and your patient. We are investigating the eligibility of this employee to return to work following a "serious health condition, which made the employee unable to perform the functions of such employee's position."

A "serious health condition" when utilized as a basis for family leave, means an illness, injury, impairment, or physical or mental condition involving either inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment by a health care provider.

The essential functions of this employee's job are as follows. Please indicate in your opinion if he/she will be able, or not, to perform these functions, and any restrictions you recommend, as of the expected return to work date of _____

<i>To be completed by supervisor</i>	<i>To be completed by health care provider</i>	
JOB TASK/RESPONSIBILITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	RESTRICTIONS
JOB TASK/RESPONSIBILITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	RESTRICTIONS
JOB TASK/RESPONSIBILITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	RESTRICTIONS

Thank you for your help in this process. Should you have any questions regarding this request, please contact me directly.

Supervisor name
Title
Phone

In your opinion, when will he/she be able to return to work and resume his/her normal duties? _____

Name of health care provider _____ Phone _____

Signature _____ Date _____

Patient/employee signature authorizing release of this information _____

Please return this completed form to the patient, in person or to the following address:

 Patient name

 Patient address
