



Lake Sumter
State College

Fitness for Duty Certification

Form to be completed by health care provider. An employee on medical leave under the Family and Medical Leave Act (FMLA) must present this Fitness for Duty Certification to Human Resources/Benefits Office prior to returning to work.

TO: Health Care Provider

Our employee, _____, began a period of medical care leave for his/her serious health condition on _____.
(date employee commenced leave)

This form must be completed by you, as his/her health care provider, before the employee is allowed to resume his/her job duties.

1. Employee Name:
2. Employee's Job Title:
3. Date of Medical Examination:
4. Date employee may return from leave
5. Please indicate with a check mark the status of the employee's release for duty.

Full, unrestricted duty.

Modified duty. (please explain below)

Signature of Health Care Provider

Date

Print Name of Health Care Provider

Phone Number

Type of Practice

Address/City/State/Zip