



Fitness for Duty Certification

Prior to returning to work you must provide a Fitness for Duty Certification verifying whether you are able to return to work, if you have any job-related restrictions and the duration of any restrictions. Inver Grove Heights Community Schools will use this certification to determine if you are able to return to work after your leave. This form must be returned to the Human Resource Department within two (2) days of your anticipated return from leave.

Employee Name: _____

Position: _____ Work Location: _____

To Be Completed By Health Care Provider:

- Able to work a full, regularly scheduled day with no restrictions on ___/___/___
- Able to work with limitations (listed below) from ___/___/___ through ___/___/___
- Unable to work from ___/___/___ through ___/___/___

List any restrictions on the employee's work: _____

Follow-up Appointment:

Clinic Name: _____ Provider Name: _____

Date: ___/___/___, Within ___ Weeks, Within ___ Months

I certify that the above information is accurate and complete based on my evaluation of the patient's condition.

Provider Name: _____ Practice or Speciality: _____

Provider Signature: _____ Date: ___/___/___