County of Dukes County

Fitness for Duty Certification

Form to be completed by health care provider. An employee on a medical leave under the Family and Medical leave Act (FMLA) must present this Fitness for Duty Certification to their supervisor prior to returning to work.

The Family and Medical Leave Act (FMLA) guidelines are applied to employees who are on paid or unpaid leave. This form is for return to work purposes of medical leave of absence due to an illness or injury, whether work or non-work related. Because employees are valuable resources, health care providers should assist employees in returning to work as soon as possible.

Health Care Professionals: Your patient has three return to work options.

Full Release. The patient had no work restrictions. They can return to his or her prior position because you, the health care provider certifies, that he or she can perform the essential functions of their job.

Modified Duty. The patient has some work restrictions. Work restrictions much be specifically noted on this form. Each modified duty work restriction request will be reviewed carefully to determine if the employee can perform the essential functions of the job and return to work.

Not Released. The patient is not released to work in any capacity due to physical or behavioral limitations.

Gina Provision

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic Information” as defined by GINA includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Submission

The Fitness for Duty Certification can be submitted confidentially to:

Dukes County Manager Martina Thornton
P.O. Box 190, Edgartown, MA 02539
E-mail: manager@dukescounty.org
Fax: (508) 696-3841
Phone: (508) 696-3840

County of Dukes County
Fitness for Duty Certification

Patient Authorization

This section must be completed and signed by patient to authorize release of medical information.

Employee/Patient Name _____

Last Date of Work _____

Signature _____ Date _____

General Information

The following sections must be completed by a medical physician

First Date unable to work because of medical condition _____

Date of hospital in-patient admission (if applicable) _____

Date of Surgery (if applicable) _____

Date of discharge (if applicable) _____

Date of Last Medical Examination_____

Expected return to work date _____

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

___ Full, unrestricted duty effective _____

___ Modified duty effective _____ and next evaluation date _____

___ Not released for any type of duty. Next evaluation date will be _____

If modified duty is selected, please indicate below proper restriction of each activity:

County of Dukes County

Fitness for Duty Certification

Full Restriction = Patient advised not to perform this activity in any capacity.
Partial Restriction/ Limitation = Patient able to perform the activity in a reduced capacity. All limitations must be quantified e.g. continuous standing limited to 2 hours. Please use Section 6. if you need more space.

Please also indicate anticipated duration of each restriction in days, weeks or if permanent.

1. Physical Evaluation

	Full Restrictions	No Restrictions	Partial Restrictions (please specify and estimate duration of restriction*)
Sitting			
Lifting 0 to 10 pounds			
Light – Lifting 10 to 20 pounds			
Moderate – Lifting 20 to 50 pounds			
Heavy – Lifting 50 to 100 pounds			
Pulling /Pushing, Carrying			
Reaching or working above shoulder			
Walking			
Standing			
Balance			
Stooping			
Kneeling / Crouching			
Repeated Bending /twisting/turning			
Climbing stairs			
Operating a motor vehicle			
Finger Manipulation (typing)			
Vision, hearing, speech			
Pain (frequency, degree, signs)			
Other (specify)			

2. Behavioral Evaluation

	Able to perform	Not Able to perform	Other Considerations (please specify and estimate duration of restriction*)
Understanding/Alertness			
Remembering /Memory			
Sustained concentration			
Follow-through on instructions			
Critical Decision making			
Receiving supervision			
Relating to co-workers and public			
Other (specify)			

County of Dukes County

Fitness for Duty Certification

3. Environmental

	Full Restrictions	No Restrictions	Partial Restrictions (please specify and estimate duration of restriction*)
Exposure to heat/cold			
Exposure to duct/fumes/odor			
Exposure to chemicals			
Food handling			
Other (specify)			

4. Other

Shift/Attendance duration			
Consecutive shift duration			
Overtime			
Other (specify)			

5. Does the patient require medical aids? (e.g. splint, brace, scooter, or personal protective equipment (eg. gloves/mask) Yes _____ No _____ If yes, please specify in section 6.

6. Other Restrictions, Considerations, or Notes

Physician Information:

Name of Attending Physician (please print) _____

Specialty _____

Phone Number _____ Fax Number _____

Address _____

I hereby certify that the facts in this document are true and correct and I have provided this form to the patient named above.

_____ _____

Signature of the Attending Physician Date