

Employee's Name

## **Return to Work Certification**

Human Resources 3640 Colonel Glenn Hwy. Dayton, OH 45435-0001 (937) 775-2120 FAX (937) 775-3040

To be completed by Employee's Physician or Health Care Provider and returned to Human Resources, Bldg 2455, Suite 221, at least two business days prior to your return to work.

Position Title

U-ID#	Department	Department		
Directions for Employee: Please har form and mail, fax, or hand deliver it t			ctions of this	
Directions for Health Care Provider If employee may return to work <u>witho</u> If employee may return to work <u>with propersions or the send tood</u> Please return to employee or send tood 45435. Phone 937-775-2120. Fax 937	out physical limitations please physical limitations please co Human Resources, Bldg 245!	mplete sections 1	and 3.	
Copy of Job Description is attached: Y	'ES NO – Job Description	is available upon	request	
Section 1. Please Print				
Name of Health Care Provider	Type of Practice			
Street Address	City	State	Zip code	
Provider Stamp	Telephone Number	7		
Section 2.				
I hereby certify that the above named	employee has been under my	care from		
	to			
Date and may return to work without any p	hycical limitations on	Date		
and may return to work without any p	mysical illilitations on	Date		
Physicians Signature		Date		

## Fitness for Duty Certification continued

Employee's Name U-ID#		
Section 3.  I hereby certify that the above named employ	vee has been under my care from	
	•	
Date	toDate	
and may return to work with the following phy		
	Date	
Description	Description	
Allow frequent change of body position	Avoid tools that vibrate or jerk	
Avoid reaching/lifting over chest height	No work requiring awkward wrist/arm position	
Avoid climbing stairs/ladders	Avoid repetitive gripping/twisting/pinching	
Avoid kneeling/crawling	Use injured hand/arm as light assist only	
Avoid squatting (knees bent > 80 degrees)	Must accommodate splint/brace/crutches/sling	
Can lift up to: 3 5 10 15 20 lbs	No driving commercial vehicle	
Can lift up to : 25 30 35 40 50 lbs	No work at heights exceeding two feet	
May push/pull: 15 30 50 lbs of force	Avoid twisting like mopping/buffing/sweeping	
Alternate between sit/stand as tolerated or	Clerical work only	
Limit prolonged standing or walking	May work hours per day	
Sit down job	May work hours per week	
Keep the injured area dry and clean	Footstool-R/L Foot, alternate on standing jobs	
No use of injured hand/arm		
*If physical limitations are indicated above, without physical limitations?	hat is the estimated date that the employee can retur	
Physicians Signature	Date	
Wright State University Human Resource	es Use Only:	
Date Received:		
Reviewed by:	Date:	