

Fitness for Duty Certification continued

Employee's Name _____

U-ID# _____

Section 3.

I hereby certify that the above named employee has been under my care from

_____ to _____
Date Date

and may return to work with the following physical limitations on _____
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	

Additional Comments: _____

**If physical limitations are indicated above, what is the estimated date that the employee can return to work without physical limitations?* _____

Physicians Signature _____

Date _____

Wright State University Human Resources Use Only:

Date Received: _____

Reviewed by: _____ Date: _____