WAKE FOREST
UNIVERSITY

FITNESS FOR DUTY CERTIFICATION

(*Required of all employees returning from a Disability Leave of any kind*)

THIS FORM IS NOT COMPLETE WITHOUT A JOB DESCRIPTION LISTING PHYSICAL REQUIREMENTS OF THE POSITION ATTACHED

PART 1: TO BE COMPLETED BY **EMPLOYEE**

NAME:_____ POSITION:_____

DATE LEAVE BEGINS:_____

DATE PLANNED FOR RETURN TO WORK:_____

EMPLOYEE SIGNATURE:_____ DATE:_____

PART 2: TO BE COMPLETED BY A **HEALTH CARE PROVIDER**

I certify that I have read the job description enclosed with this form and that the above-named employee is physically fit to meet the physical/mental requirements listed in the description with or without (please circle one) reasonable accommodation. If accommodation is required, please list specific limitations to activity in remarks section of this document.

SIGNED:_____ DATE:_____

HEALTH CARE PROVIDER'S INFORMATION:

NAME:_____

AREA OF PRACTICE/SPECIALTY:_____

ADDRESS:_____

PHONE:_____

PLEASE LIST SPECIFIC RESRICTIONS TO DUTY, IF ANY: (*Please use extra paper if necessary.*)

_____

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REMARKS:_____

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Please return this form to Human Resources