



County of Marin
Fitness for Duty to Return from Leave Certification Form
Human Resources Department
PMR 44 – Leaves of Absence

For:

Employee name

Department/Division

NOTE: You must present this release to your supervisor before or on the day you return to work. You may not work without this release.

To: Treating physician or practitioner

Our employee began a period of medical care leave for his/her serious health condition on

As a condition of returning to work, the employee must take a physical examination and have his/her physician complete this form. This form must be completed before the employee is allowed to resume his/her job duties.

1. Employee name:
2. Employee's job title:
3. Date of physical examination:
4. With respect to your understanding as to what are the employee's essential job functions, please check the source(s) where you received your information.

County job specification/job analysis
Discussion with the employee's supervisor
Discussion with the employee
Other. Please explain:

5. Please indicate the status of the employee's release for duty.

Fully, unrestricted duty. Please skip question 6 and proceed to 7.
Modified duty. You must complete question 6.
Not released for any type of duty. You must complete question 6. A & B.

6. If you are releasing the employee to modified work duty, you must complete this section thoroughly.
 - A. Estimated date that employee will be able to return to full, unrestricted duty:
 - B. Date of your next evaluation of the employee:

