Fitness For Duty Status & Certification Form

St. Olaf College

Scan/Email: grant2@stolaf.edu | Fax: 507-786-3960

Employee Name: ___________________________ **Position Title:** ________________________

NOTICE TO EMPLOYEE

You are responsible for having your physician evaluate your ability to perform the essential job functions contained within your job description and certify your fitness for duty by completing all items and signing below. You will not be reimbursed for any time, travel or expenses related to obtaining fitness for duty certification. You must return this completed Fitness For Duty Status & Certification Form to the Human Resource as requested. Please note that additional clarification and/or information may need to be obtained from your doctor.

TO BE COMPLETED BY PHYSICIAN ONLY: *(Please refer to the attached job description.)*

Physician Name (Print): ____

Clinic/Hospital Name: ____

Direct Phone Number: ________-________-____________

1. Is the employee able to resume work? ☐ Yes ☐ No
2. On what date is the employee able to safely Return To Work (RTW)? ____ / ____ / ______
3. Will employee be able to perform all essential job functions on RTW date? ☐ Yes ☐ No
4. Are there any essential job functions unable to be performed on RTW date? ☐ Yes ☐ No
   4a. If yes, please specify:

   4b. Anticipated date employee can be restored to full duty? ____ / ____ / ______
5. Are there any other restrictions/instructions the employer should be aware of? ☐ Yes ☐ No
   5a. If yes, please specify:

   5b. Anticipated date when all restrictions can be removed? ____ / ____ / ______

Physician Acknowledgement

I certify that I have examined the employee named above and declare that the statements made on this Fitness For Duty Status & Certification Form are true and accurate. I agree to obtain the necessary approval from the employee to provide St. Olaf the information contained on this Fitness For Duty Status & Certification Form and any further items needed for this certification.

________________________________ ________________________

Physician Signature Date

Questions should be directed to Travis Grant in the St. Olaf Human Resource Office at 507-786-6689.