

# Emory University Medical Release to Return to Work Form

(To be completed by the employee's healthcare provider)

An employee returning from an FMLA or medical leave of absence **must** provide this or a similar physician's version of a return to work form **BEFORE** returning to work. The release must be provided to HR Employee Relations before the day of return. An employee **may not** return to work without appropriate documentation.

Fax completed form to:  
(404-712-5205)  
Attn: Sheriece March- HR Employee Relations

\_\_\_\_\_ (Print Employee Name) is able to return to work and perform the essential duties of his/her job.

**With No restrictions** effective \_\_\_\_\_ (date).

**With the restrictions noted below effective** \_\_\_\_\_ (date).

List the specific restrictions/comments if full duty or full-time hours are not permitted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions needed through: \_\_\_\_\_ (specific date). Next appointment date: \_\_\_\_\_

Estimated full duty return to work date: \_\_\_\_\_

## Healthcare Provider Information

\_\_\_\_\_  
Signature of healthcare provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of healthcare provider

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_