MILWAUKEE PUBLIC SCHOOLS

Office of Human Resources
Employee Rights Administration Division
5225 W. Vliet St., P.O. Box 2181
Milwaukee, WI 53201-2181
Phone: (414) 475-8210
Fax: (414) 475-8638

FITNESS-FOR-DUTY CERTIFICATE

_____ _____
Patient's Name Date

Before we can return the patient to his/her job, you must certify that the patient is able to return to work. Please complete this form and return it to the patient as soon as possible, *The patient will not be eligible to return to work without this completed form.*

1. Is the patient currently able to perform the essential functions of his/her job without restrictions?

   ____ Yes ____ No (If "yes" please indicate date of return below and stop, if no proceed.)

   Return To Work Date _____.

2. Is the patient currently able to perform the essential function of his/her job with restrictions?

   ____ Yes ____ No (If "yes" please describe all necessary restrictions.)

_____

_____

Are the restrictions permanent? ____ Yes ____ No

If not, what is their duration? _____

3. If the patient is not currently able to perform the essential functions of his/her job, when, in your best medical opinion, will the patient be able to perform the essential functions of his/her job? _____

   Will the patient have work restrictions at that time? ____ Yes ____ No

   What will those restrictions be?

_____

_____

   Will those restrictions be permanent? ____ Yes ____ No

_____ _____
Signature of Health Care Provider Type of Practice

_____
Street Address

_____ _____
City, State and Zip Code Telephone Number

Please return this form to: MPS Leave Administrator, Office of Human Resources, Employee Rights Administration Division, Room 128 Central Services Building, P.O. Box 2181, Milwaukee, WI 53201-2181

jrg: 10/12/17