DAKOTA 911
POLICE • FIRE • EMS

DAKOTA 911 FMLA FIT FOR DUTY

This form is required for employees who are resuming work following a medical leave if the leave was for your own medical condition. Employees will not be allowed to return to work without first having returned this form, completed and signed by their medical provider.

EMPLOYEE INFORMATION

Name: _____ Hours worked/Day: _____ Hours worked/Week: _____

Job Title: _____ Job Description Provided to Employee: ◯ No ◯ Yes

HEALTHCARE PROVIDER

The above-named employee is under my care and is released to return to work as noted below:

◯ May return to regular job without restrictions on: _____

◯ May return to regular duty with restrictions (identified below) on: _____

RESTRICTIONS

The restrictions marked below are in effect through: _____

- ☐ Work no more than ____ hours/day.
- ☐ Stand no more than ____ hours/day.
- ☐ Walk no more than ____ hours/day.
- ☐ Sit no more than ____ hours/day.
- ☐ Work no more than ____ hours/week.
- ☐ Lifting, pulling, pushing up to _____ pounds.
- ☐ Bending, twisting, stooping.
- ☐ Reaching above/below knee level.

If the necessary restrictions are not listed above, please identify them below.

Restriction: _____ Duration: _____

Restriction: _____ Duration: _____

Restriction: _____ Duration: _____

Additional/Other Medical Directions

_____ _____

Office of Treating Healthcare Provider — Date

_____ _____

Treating Healthcare Provider (printed) — Treating Healthcare Provider (signature)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information.