

EMPLOYEE FITNESS-FOR-DUTY CERTIFICATION

The employee's treating health care provider must complete this fitness-for-duty certification.

The employee must provide the completed fitness-for-duty certification to Human Resources **before** reporting to their department or unit.

Employee's Name	Employee's ID Number
Employee's Job Title	Department/Unit

I have examined _____ and certify that they are able to return to work.
 (employee's name)

Date the employee will be able to return from leave: _____

Will the employee have any restrictions when they return to work? ____ NO ____ YES

If YES, describe the restrictions (If additional space is needed, please attach a separate sheet:

Name of Physician or Practitioner <i>(please type or print)</i>	Physician or Practitioner License Number
Address	
Phone Number	Fax Number
Signed <i>(Physician or Practitioner)</i>	Date

**PLEASE SEND COMPLETED FORM TO:
 DAS.BenefitsandLeavesPod2@ct.gov or Fax 860-730-8299**