



Employee Return to Work Form

Employee Name: _____

Dates of Absence: _____

Physician Section:

- This employee **is** taking medication that could interfere with his/her ability to safely perform their job.
- This employee **is not** taking medication that could interfere with his/her ability to safely perform their job.

- Worker is released for the job with no restrictions.
- Worker is released for the job with the following restrictions: _____

- Worker is not yet released for the job. Anticipated release date is: _____
- Worker is NOT released to work. Worker will be reassessed on: _____

Comments:

Physician's Name

Signature

Date

Employee: Return completed form to your Supervisor on your first day back to work.