

Fitness for Duty Certification		
General Information		
Employee Name:	Employer Name:	
Medical Leave Start Date:		
Instructions to Health Care Provider		
<p>This form is requested by the employer of the above-named employee in accordance with the federal Family and Medical Leave Act (FMLA) and 29 CFR 825.312(b). The employer seeks a certification from the employee's health care provider confirming the employee is able to resume work in the position the employee held immediately before the start of the medical leave referenced above, or any position the employee has been assigned to after the above-referenced medical leave began. The employer seeks a fitness-for-duty certification only with regard to the particular health condition that caused the employee's need for FMLA leave. If necessary, the employer may contact the employee's health care provider for purposes of clarifying and authenticating the fitness-for-duty certification. The cost of the certification shall be borne by the employee, and the employee is not entitled to be paid for the time or travel costs spent in acquiring the certification. The employer may delay restoration to employment until an employee submits a required fitness-for-duty certification. If the employee does not provide a fitness-for-duty certification or request additional FMLA leave, the employee may be no longer entitled to reinstatement under the FMLA or applicable state or local law.</p>		
Health Care Provider Information		
Health Care Provider Name:		
Practice Specialty:		
Street Address:	Country (if not USA):	
City:	State:	Zip:
Telephone Number:	Fax Number:	
Email:		
Health Care Provider Certification		
<p>I certify that the above named employee is able to return to work on [insert date] with (check one):</p> <p><input type="checkbox"/> No Restrictions</p> <p><input type="checkbox"/> The Following Restrictions:</p>		
Health Care Provider's Signature:	Date:	
GINA Compliance Notice		
<p>Under the Genetic Information Nondiscrimination Act of 2008 (GINA) it is illegal to acquire the genetic information of an applicant or employee. However, any genetic information received in response to a request for medical information will be deemed inadvertent if the employer uses language similar to the following in the request: "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 not provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services." 29 U.S.C. § 1635.8(b).</p>		