

University of Missouri System COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

Fitness-For-Duty Certification

To be completed by employee's health care provider once a return to work date has been determined. Once completed, <u>please return this certification to your manager AND the</u> <u>UM Leave Administration Team at umleaveadmin@umsystem.edu or via fax at 573-771-7226.</u>

Employee Name: _____

Employee ID: _____

Campus Name: _____

Manager Name:

Date employee may return to work: _____

Please indicate the status of the employee's release to return to work.

Return to regular work with no restrictions.

Cannot return to work at this time.

Can return to work with the following restrictions:

If restrictions are listed above, the employee can return to work with no restrictions on:

This certification relates only to the particular health condition that caused the leave.

Signature of Health Care Provider:

Printed Name of Health Care Provider:

Type of Practice:

Address:

Telephone Number:

Date:

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 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.