



Contra Costa County

Certification of Health Care Provider for Employee Return to Work

Attached is a list of the essential functions of _____
Employee Name EE#

Date Employee May Return to Work: _____ for the job title: _____

Please check one of the following options to indicate his/her ability to perform the essential functions of the job.

IMPORTANT: Please limit your answers below to the health condition for which the employee has been on leave. Please do not disclose the underlying diagnosis, including any genetic information* without the consent of the patient.

Full Duty

I hereby certify that the employee named above may return to work on the above date. The employee is able to perform the essential functions of the position. My opinion is based on a review of a position description provided to me or a discussion with the employee of the position's essential functions.

Modified Duty

I hereby certify that the employee named above may return to work on the above date. However, the employee needs the following proposed accommodations in order to perform the essential functions of the position. My opinion is based on a review of a position description provided to me or a discussion with the employee of the position's essential functions.

Proposed accommodations:

The foregoing proposed restrictions are: Permanent Temporary, until _____ (indicate date)

Signature of Physician or Practitioner

Date

Physician or Practitioner Information:

This form must be returned to:

Physician's or Practitioner's Name

Representative

Address

Department Name

City

State

Zip Code

Address

Phone Number

Fax Number

City

State

Zip Code

*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, 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.