

UNIVERSITY OF MIAMI

FMLA RETURN TO WORK CERTIFICATION

Instructions to Health Care Provider: This Certification must be completed for any employee who returns from an FMLA leave of absence. Once completed, the Certification can be returned to the Employee for submission. This Certification must be completed before an employee can return to work.

SECTION I – TO BE COMPLETED BY EMPLOYEE

First Name: [ ] Middle Initial: [ ] Last Name: [ ]
ID No. [ ] Employee's Title: [ ]

SECTION II – TO BE COMPLETED BY HEALTH CARE PROVIDER

Name of Health Care Provider: [ ]
Street Address: [ ]
City: [ ] State: [ ] Zip Code: [ ]

Important: Please limit your answers below to the serious health condition for which the Employee has been on leave. Additionally, the Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as permitted under the law. In turn, we hereby request 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.

- 1. Is the employee now able to perform those essential functions of his/her job, as described in the attached job description, that he/she was unable to perform because of the serious health condition for which the employee was on leave?
[ ] Yes, without restrictions.
[ ] Yes, with restrictions.
[ ] No. Employee continues to be unable to perform the essential functions of his/her job due to the serious health condition for which the employee was on leave.

2. The employee is released to return to work on the following date: [ ]

3. If the employee is released to work, but is restricted in his/her ability to perform the essential functions of his/her job as a result of the serious health condition for which the employee has been on leave, please describe those restrictions in sufficient detail:
[ ]
[ ]
[ ]
[ ]

4. The foregoing restrictions are:

Permanent

Temporary, until the following date:

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**SECTION III – HEALTH CARE PROVIDER’S ACKNOWLEDGMENT**

Health Care Provider’s Signature:

Date: