SMITH COLLEGE

Office of Human Resources
Garrison Hall
42 West Street
Northampton Mass. 01063

Attending Physician's Approval to Return to Work

Employee: ___________________________________ Smith ID#: ____________________________

Position: _____________________________________ Department: ___________________________

Please provide the following information on the above-named employee so that we can determine their date of return to work. If you have any questions, please contact the Leave Administrator at (413) 585-2260 or hrbenefits@smith.edu.

☐ This employee has my approval to return to work with no restrictions.

Return to work date: _________________________

☐ This employee has my approval to return to work on______________________ with the following restrictions.

Please check any box that applies:

These restrictions are in place for _________________ ☐ Days ☐ Weeks ☐ Months

☐ Work Restrictions: ☐2 hours/day ☐4 hours/day ☐ 6 hours/day ☐8 hours/day ☐ >8 hours/day

☐ Unavailable for overtime ☐ Sitting work only ☐ Sit/stand as needed

☐ No driving ☐ No kneeling ☐ No bending

☐ No reaching ☐ No exposure to dust/fumes, etc. ☐ Dry work only

☐ Use of dominant hand/arm only ☐ Use of non-dominant hand/arm only

☐ Lifting up to: ☐ 10 lbs. ☐ 11-15 lbs. ☐ 16-25 lbs. ☐ 26-40 lbs. ☐ >45 lbs.

☐ Other: ____

☐ This employee is not yet medically able to return to work.

Estimated date of return to work: _________________________

Please fax this completed form to (413) 585-2284 or return directly to your patient who will then return it to Human Resources at 42 West Street, Northampton, MA 01063.

Physician Name (print): ____

Physician Signature: ____ **Date:** ___________________