



ATTENDING PHYSICIAN'S APPROVAL TO RETURN TO WORK

Employee: \_\_\_\_\_

Smith ID Number: \_\_\_\_\_

Current Position: \_\_\_\_\_

Department: \_\_\_\_\_

The employee listed above has identified a medical condition which affects his/her employment. Please provide the following information to assist us with an evaluation of this employee's work capabilities. If you have any questions, you may contact the Office of Human Resources at (413) 585-2275, fax (413) 585-2284. Please return this completed form to Human Resources, 30 Belmont Avenue, Northampton, MA 01063.

[ ] This employee has my approval to return to work with no restrictions. Return to work date (no restrictions): \_\_\_\_\_

[ ] This employee has my approval to return to work on \_\_\_\_\_ with the following restrictions:

RESTRICTIONS:

Please Check Any Appropriate Box:

- Work Restrictions: [ ] 2 hours/day [ ] 4 hours/day [ ] 6 hours/day [ ] 8 hours/day [ ] > 8 hours/day
[ ] Lifting up to: [ ] 10 lbs [ ] 11-15 lbs [ ] 16-25 lbs [ ] 26-40 lbs [ ] >45 lbs
[ ] Sitting Only [ ] No Lifting [ ] No Kneeling
[ ] No exp. To dust/fumes, etc. [ ] Sit/stand as needed [ ] No Reaching
[ ] Dry work only [ ] Available for Overtime [ ] No Bending
[ ] Use of dominant hand/arm only [ ] Use of non dominant hand/arm only [ ] No Work
[ ] No Driving [ ] Other \_\_\_\_\_

Above restrictions are in place for \_\_\_\_\_ [ ] Days [ ] Weeks [ ] Months

List any other accommodations that may allow the employee to perform his/her job duties: \_\_\_\_\_

[ ] This employee is not yet medically able to return to work.
Approximate date of return to work may be: \_\_\_\_\_

PHYSICIAN'S NAME (please print): \_\_\_\_\_
PHYSICIAN'S SIGNATURE: \_\_\_\_\_ 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 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.