Family Medical Leave and Disability Services
516 High Street, MS 9054
Bellingham, WA 98225-5996
Phone: (360) 650-3771
Confidential Fax: (360) 788-0071

Medical Release – Employee condition

A completed Medical Release is required before you return to work. Please provide a copy of your job description along with this form to your health care provider. **Return this form to Human Resources prior to resuming duties.**

Section I: EMPLOYEE INFORMATION	
Employee Name:	Job Title:

Section II: For Completion by the HEALTH CARE PROVIDER

Please answer the following questions regarding your patient's ability to return to work and perform functions of his/her position. Please discuss job duties with the employee or review their job description.

☐ **NOT released** to return to work yet. Next re-evaluation date:_____

☐ **Released to return FULL-TIME on**:_____

☐ **Released to return PART-TIME on**:_____ and next evaluation date on :_____

Part-time schedule needed for _____ days or _____weeks.

The employee may work up to _____hours per day; _____days per week.

Upon release to work, is the employee able to perform all of the essential functions of their job?

☐ Yes If yes, is the condition resolved? ☐ Yes ☐ No

☐ No If no, please indicate limitations and duration on **Page 2**:

Please specify any recommendations for how to accommodate limitations:

Additional comments:

Health Care Provider Name	**Signature**	**Date**
Address	**City, State, Zip**	
Type of Practice	**Phone**	**Fax**

Send completed form to confidential fax at (360) 788-0071.

Physical and/or Behavior Limitation (Check and explain any that may apply)		
Activity	**Limitation**	**Duration**
☐ Lift/Carry/Push/Pull	lbs	hours/day
☐ Reaching/Working above shoulder		hours/day
☐ Sit		hours/day
☐ Stand/ Walk		hours/day
☐ Twist		hours/day
☐ Bend/Stoop		hours/day
☐ Squat/Kneel		hours/day
☐ Crawl		hours/day
☐ Climbing (ladder/stairs)		hours/day
☐ Operating a Motor Vehicle		hours/day
☐ Finger Manipulation (typing)		hours/day
☐ Grasp		hours/day
Behavioral	**Limitation**	
☐ Understanding		
☐ Remembering		
☐ Sustained concentration		
☐ Follow-through on instructions		
☐ Decision making		
☐ Receiving supervision		
☐ Relating to co-workers		
Other Restrictions, Considerations, or Notes		

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