

# Fairfax County Public Schools



## Fitness For Duty Certificate

**KEEP THIS FORM UNTIL YOU ARE RELEASED MEDICALLY TO RETURN TO WORK [AND YOUR MEDICAL PROVIDER HAS COMPLETED/SIGNED-OFF BELOW]. PLEASE FAX THE COMPLETED FORM TO LIBERTY MUTUAL AT 1-800-404-9219 PRIOR TO YOUR RETURN TO WORK. (NOT APPLICABLE FOR MATERNITY CLAIMS). BRING A COPY OF THE FITNESS FOR DUTY CERTIFICATE TO WORK WHEN YOU RETURN.**

Employee's Name (Last, First, Middle Initial):		Employee ID (not SSN)
Position:	Work Phone # (Include Area Code):	Home Phone # (Include Area Code):
Manager's Name:		Manager's Phone # (Include Area Code):

I authorize my health care provider to provide the following information concerning my release back to work.

EMPLOYEE / PATIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**▼ THIS SECTION TO BE COMPLETED BY PHYSICIAN ▼**

- Can employee resume normal work schedule?  Yes  No
- Can employee perform all essential functions of the job?  Yes  No

DATE EMPLOYEE CAN RETURN TO WORK: \_\_\_\_\_

Other comments:

Attending Physician Signature:		Date:
Attending Physician (Print Name):		Work Phone # (Include Area Code):
Street Address:		
City:	State:	Zip Code:

### MANAGER INSTRUCTIONS

If you require assistance, call the Liberty Mutual case manager at 1-800-210-0268

Do not permit the employee back to work until Liberty Mutual has verified the Fitness for Duty form with you.