

Arizona State University
Release to Return to Work/Certificate of Illness

Dear Physician:

Thank you for evaluating our employee, _____

ASU ID# _____.

Was this a work-related injury or illness? Yes No

1) This employee may return to full duties without restrictions on _____.

OR

2) If, in your medical opinion this employee is not capable of performing essential functions (attached), every effort will be made to place this employee in a job that will accommodate the restriction(s) you find medically necessary due to the injury/illness of _____.
mm/dd/yyyy

Is employee able to return to fulltime or part-time work? Full-time Part-time

Please indicate restriction(s) below and whether it is a permanent restriction.

Lifting _____	Bending _____
Kneeling _____	Stooping _____
Twisting _____	Standing _____
Walking _____	Sitting _____
Climbing _____	Reaching _____
Other _____	Repetitive Motion _____

Are these restrictions permanent? Yes No

Anticipated date employee can return to full unrestricted duty. _____
mm/dd/yyyy

Comments:

Print Physicians Name

Physician Signature

Address

Telephone Number

Fax Number

Please return completed form to:
Arizona State University
HR Leaves & Disability Unit
P.O. Box 875612, Tempe, Arizona 85287-5612
or fax to (480) 993-0007
For further information, please call (480) 965-2701.