



Healthcare Provider Release to Return to Work

Form instructions	
Healthcare provider	<ul style="list-style-type: none">• Complete sections B and C.• Print or type responses legibly.• Return to the employee.• Do not include medical condition or treatment details on this form.
Employee	<ul style="list-style-type: none">• Complete section A.• Submit the form 10 business days before you return to work, or as soon as possible.• Upload the form with your Workday Request Return from Leave of absence.
Section A: Employee information	
Employee name	
Employee ID number	
Date of injury or illness	
Work-related illness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section B: Work status	
<input type="checkbox"/> May work their whole duty with no restrictions starting on this date:	
<input type="checkbox"/> May return to work with restrictions.	
Start date:	End date:
Restriction details and comments:	
Section C: Healthcare provider information	
Name	
Address	
Phone number	
Fax number	
Signature	
Date	