
Return to Work Evaluation Form

Frederick County Public Schools

The fax number for the completed form: 301 644 - 5122

Employee to Complete:

Name:

Department:

Phone #:

Medical Provider to Complete:

- This patient is released to return to work with no medical restrictions and is able to perform the essential functions of their position.
- May return to work on this date:
- This patient is released to return to work with restrictions.
- May return to work, with restrictions, on this date:
 - The employee has the following work restrictions:
- This patient is not released to work in any capacity.

Signature, Medical Provider:

Date:

Telephone Number:

Employer to Complete: Frederick County Public Schools will determine the ability to return to work based on the job description and listed restrictions.

Approved Not Approved

Signature:

Date: