



**Douglas COUNTY, NEBRASKA  
RETURN TO WORK (FITNESS FOR DUTY) MEDICAL CERTIFICATION FORM  
FAMILY AND MEDICAL LEAVE ACT**

**Instructions for the Employee**

1. Give this form to your health care provider (doctor) to complete.
2. Return the completed form to your supervisor on or before your return to work date.

You may not be permitted to return to work until this form is completed by your Health Care Provider and you return the form to your Supervisor.

**Health Care Provider Information and Instructions**

Employee/Patient Name: \_\_\_\_\_

This Medical Certification form is required for the above stated Douglas County employee to return to work following a leave of absence. Please complete this form and sign below.

**Medical Certification Information**

I certify that on (date) \_\_\_\_\_ the above named Douglas County employee is or will be able to resume the performance of the functions of his/her position.

Please check the appropriate box below:

- Return to Work – Without restrictions
- Return to Work – Restrictions (Please describe or attach a description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Practice: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider Name (please print): \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_