

# Florida Gulf Coast University Certification of Fitness for Duty

Please note that this employee will not be permitted to return to work until this completed evaluation form is received by the Department of Human Resources at Florida Gulf Coast University.

## Employee Information

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Employee Name	Job Title	Date of Birth
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Department	Name of Department Contact
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## Provider information – to be completed by healthcare provider

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Provider Name	Provider Phone
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Type of practice/area of specialization	Date of Examination
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Address

### Please check one of the following:

Y	N	The employee is able to work a full, regular schedule with no restrictions	As of:
Y	N	The employee is unable to return to work	Until:
Y	N	The employee is able to return to work on a reduced schedule	# hrs/day: Until:
Y	N	The employee is able to return to work with restrictions (below)	Until:

### Indicate Any Restrictions:

	Number of hours
Standing	
Walking	
Sitting	

	Number of pounds
Lifting	
Carrying	
Use of Hands (repetitive motions, pushing, pulling)	

Any other restrictions: \_\_\_\_\_

**I have reviewed the employee’s job description and certify that this accurately reflects my informed professional opinion regarding this individual’s ability to return to work and perform job tasks as indicated at this time.**

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Provider signature	Date
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**Please fax this completed form to the confidential fax number (239) 590-1431.**

Florida Gulf Coast University Department of Human Resources  
10501 FGCU Blvd. South, Fort Myers, FL 33965-6565. Phone (239) 590-1400. [www.fgcu.edu/hr](http://www.fgcu.edu/hr)