



**TOWN OF DAVIE**  
**MEDICAL RETURN TO WORK EVALUATION**  
**Non-Work Related Health Condition**  
**(To be completed by the employee's healthcare provider)**

**Instructions:** Employees returning to work from a medical leave of absence or use of Sick Leave for an employee's own medical condition must provide this or a doctor's office version of a return to work form before actually returning to work. *This form must be submitted to the Human Resources Department prior to returning to work. Fax: (954) 797-1079.*

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Department: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

Before an employee may return to work, the return to work clearance process must be fully completed. Based on the employee's current medical examination and the job description, please complete the following:

- Employee can return to work with no restrictions on: \_\_\_\_\_
- Employee can return to work on: \_\_\_\_\_ with the below restrictions.
- Restrictions can be re-evaluated on: \_\_\_\_\_ OR Restrictions will end on \_\_\_\_\_.
- Employee remains unable to work because of the following reason(s): \_\_\_\_\_  
 Until the following date: \_\_\_\_\_ (New Return to Work Evaluation Form will be required).

Type of Work	No Restriction	Partial Restriction	Full Restriction
Lift or carry maximum			
Moderate – Lifting 20 – 50 Pounds			
Heavy – Lifting 50 – 100 Pounds (Occasional)			
Pulling / Pushing / Carrying			
Reaching or Working Above Shoulder			
Walking			
Standing			
Sitting			
Stooping			
Kneeling			
Repeated Bending and Crawling			
Climbing			
Operating a Vehicle, Truck, Etc.			
Other			

Exposure Limitations:  Heat  Cold  Dust  Fumes

Date and Time of next appointment: \_\_\_\_\_ Discharged?  YES  NO

Healthcare provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of healthcare provider: \_\_\_\_\_

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

PLEASE NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.