



Human Resources – Disability/Medical Leave Resources

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Medical Release

Section I: For Completion by the EMPLOYEE

A completed Medical Release is required before you can be authorized to return to work. **Your Job Description must be provided with this document to your healthcare provider.** You were provided with a copy of your job duties with your FMLA Designation Notice.

Employee Name: _____ Job Title: _____

Section II: For Completion by the HEALTHCARE PROVIDER

Please answer the following questions regarding your patient's ability to return to work and perform functions of his/her position. The employee is obligated to provide you a hard copy of their Job Description.

A hard copy of the employee's job description was provided for my review? Yes No

Not Released to return to work yet. Please indicate expected return date: / /
M D Y

Released to return **FULL-TIME** on: / /
M D Y

Released to return **PART-TIME** on: / /
M D Y

Is a reduced schedule medically necessary? Yes No

Part-time schedule needed for _____ days or _____ week(s).

During this period, the employee may work up to _____ hours/day and _____ days/week.

Transition plan if employee is to slowly increase work hours to normal schedule:

Upon release to work, is the employee able to perform all of the essential functions of their job as identified in the job description you have been provided? Yes No

If no, please indicate duties unable to perform, probable duration and accommodation recommendations.

Please provide any additional information to assist in a successful return to work for our employee.

Provider Name(please print): _____ Telephone: _____

Signature: _____