

## Oklahoma Department of Corrections FMLA Return to Work Medical Certification

Employees on FMLA leave, due to the employee's serious illness, will not be permitted to return to work unless their health care provider certifies that they are medically able to resume performing essential job functions. Employees must provide this form to their health care provider and furnish the completed form to their facility/district/unit.

The facility/district/unit must provide this form and a copy of the applicable job family descriptor to the employee.

### To be completed by the Employee:

I hereby authorize the Department of Corrections, chief administrator of Employee Services or chief medical officer to contact the health care provider listed below to clarify or authenticate the information below.

\_\_\_\_\_  
Employee's Signature Date

**To be completed by the Health Care Provider:** (Please complete this form when the employee is seeking your release to return to work)

Employee's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Date the condition began: \_\_\_\_\_

I certify that beginning \_\_/\_\_/\_\_/ (date), the above named employee is able to resume performing the functions of his/her job with or without reasonable accommodation.

If reasonable accommodation is requested, please provide the following information:

List all restriction/limitations that apply: \_\_\_\_\_

\_\_\_\_\_  
Probable duration of restriction/limitations: \_\_\_\_\_

Recommended accommodation(s) is/are as follows: \_\_\_\_\_

\_\_\_\_\_  
Date employee will be able to resume performing the functions of the job without restriction: \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider Signature / Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

(R 11/14)

This completed form contains confidential medical information and must be maintained in the employee's medical file.