

**Return to work Evaluation: Instructional,
Professional Technical & Administrative Employees**

Form# 1302

2/5/18



Human Resources Department (HR)

Martin County School District

Submit Completed form to:

HR 500 East Ocean Blvd, Stuart, FL 34994

Telephone: 772-219-1200 Extension 30912 • Fax 772-219-1230

This form may not be used for Return to Work for Illness In Line of Duty (Workers' Compensation)

Part 1 – Employee: The employee completes Section 1 of this form and accesses their job description via <http://Martinschoolswebsite> If the job description is unavailable, the employee should contact their Supervisor.

Employee Name _____ Employee ID _____ Date ____/____/____

Work Location _____ Job Position _____

Primary Phone Number ____ - ____ - ____ Alternate Phone Number ____ - ____ - ____

Part 2 – Physician or Health Care Practitioner: The physician or health care provider should review the employee's current job description, complete Part 2 and 3 of this form, and return the form to the employee. Thank you for assisting in our efforts to return our employee to work in a safe and timely manner.

After reviewing the employee's current job description:

This patient is released to return to work with no medical restrictions and is able to perform the essential functions of the position.

Full duty release date is ____/____/____.

This patient, with the restrictions indicated in Part 3, may be considered for return to work on ____/____/____.

This patient is not released to work in any capacity.

Signature, Physician

Print Name, Physician

____ - ____ - ____
Telephone Number

____/____/____
Date

Specialty, Physician

Part 3 – Physician or Health Care Practitioner: Complete this section only if you have indicated the employee has work restrictions: _____

Part 4 – Employer: MCSD will determine the employee's ability to return to work based on the job description and listed restrictions.

Approved Not Approved

Printed Name

Title

Signature

Date

Comments: