



**UNIVERSITY OF  
GEORGIA**  
Human Resources

**FMLA  
Return to Work  
Medical Evaluation**

Date

Dear : \_\_\_\_\_

This letter is in reference to \_\_\_\_\_ our employee and your patient. We are investigating the eligibility of this employee to return to work following a "serious health condition, which made the employee unable to perform the functions of such employee's position."

A "serious health condition" when utilized as a basis for family leave, means an illness, injury, impairment, or physical or mental condition involving either inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment by a health care provider.

The essential functions of this employee's job are as follows. Please indicate in your opinion if he/she will be able, or not, to perform these functions, and any restrictions you recommend, as of the expected return to work date of \_\_\_\_\_.

<i>To be completed by <b>department</b></i>	<i>To be completed by <b>health care provider</b></i>	
<b>JOB TASK/RESPONSIBILITY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESTRICTIONS</b>
<b>JOB TASK/RESPONSIBILITY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESTRICTIONS</b>
<b>JOB TASK/RESPONSIBILITY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESTRICTIONS</b>

Thank you for your help in this process. Should you have any questions regarding this request, please contact me directly.

\_\_\_\_\_  
Department contact Title Phone

In your opinion, when will he/she be able to return to work and resume his/her normal duties? \_\_\_\_\_

Name of health care provider \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/employee signature authorizing release of this information \_\_\_\_\_

Please return this completed form to the patient, in person or to the following address:

Patient name \_\_\_\_\_

Patient address \_\_\_\_\_