



## Return to Work and Medical Release Form

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

Department: \_\_\_\_\_ Employee ID: \_\_\_\_\_

I understand that I am being released to return to work on \_\_\_\_\_  
(Date)

without restrictions

with restrictions as indicated below

I understand that if my restrictions related to my medical condition substantially limit my ability to perform the essential duties of my job, my return to work date may be delayed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **To Be Completed by Healthcare Provider:**

(Employee Name) \_\_\_\_\_ may return to work at Youngstown State University to perform his/her job position as \_\_\_\_\_ effective (date) \_\_\_\_\_.

Please indicate:

Without restrictions

With restrictions as noted below:


Restrictions are needed through: \_\_\_\_\_ (specific date)

Signature of Healthcare Provider: \_\_\_\_\_

Printed Name of Healthcare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please return to: Youngstown State University, Human Resources, One University Plaza, Youngstown, OH 44555 Fax: (330) 941-3716