Return to Work Evaluation Form

Frederick County Public Schools

The fax number for the completed form: 301 644 - 5122

Employee to Complete:

Name: 
Department: 
Phone #: 

Medical Provider to Complete:

☐ This patient is released to return to work with no medical restrictions and is able to perform the essential functions of their position.
  • May return to work on this date: 

☐ This patient is released to return to work with restrictions.
  • May return to work, with restrictions, on this date:
  • The employee has the following work restrictions: 

☐ This patient is not released to work in any capacity.

Signature, Medical Provider: 
Date: 
Telephone Number: 

Employer to Complete: Frederick County Public Schools will determine the ability to return to work based on the job description and listed restrictions.

☐ Approved  ☐ Not Approved

Signature: 
Date: