



UNIVERSITY SYSTEM OF MARYLAND

# Form 5 – Return to Work / Fitness-For-Duty Certification

Federal Family and Medical Leave (FMLA) and/or Maryland Paid Family and Medical Leave (PFML)

## Confidential Medical Record – Maintain Separately from Personnel File

This form is required only if identified in the Notice of Eligibility and Rights and Responsibilities or Designation Notice.

## Section I – Employee Information

Employee Name: \_\_\_\_\_ UID / Employee ID: \_\_\_\_\_

Institution: \_\_\_\_\_ Leave Type:  FMLA  PFML  Both

Original Leave Start Date: \_\_\_\_\_

Anticipated Return-to-Work Date: \_\_\_\_\_

## Section II – Health Care Provider Certification

*(To be completed by health care provider)*

The employee was on leave due to their own serious health condition.

As of \_\_\_\_\_ (date), the employee:

Is able to return to work without restrictions.

Is able to return to work with the following restrictions: \_\_\_\_\_

If restrictions are identified, expected duration of restrictions: From \_\_\_\_\_ To \_\_\_\_\_

Is unable to return to work.

If unable to return, estimated date employee may be able to return: \_\_\_\_\_

Health Care Provider Name (Print): \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_ State of License: \_\_\_\_\_



## Section III – HR Review (Internal Use)

- Return approved
- Return approved with restrictions (coordinate with ADA interactive process if applicable)
- Additional documentation required

HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_