

## PHYSICIAN APPROVAL TO RETURN TO WORK

**Five Colleges, Inc. Employee Name:**

**Position Title:**

### TO ATTENDING PHYSICIAN:

The Five Colleges, Inc. (FCI) employee listed above has identified an illness, injury, or condition that affects their employment. Please provide the information requested below to assist FCI in evaluating this employee's work capabilities, and to ensure compliance with applicable policies and regulations.

Forward the completed form, and direct any questions, to:  
Director of Operations, Shonda Pettiford, 97 Spring St, Amherst, MA 01002  
[spettiford@fivecolleges.edu](mailto:spettiford@fivecolleges.edu), (413) 542-4012, fax: (413) 542-4028

**The information you provide in this form will be considered confidential.**

### APPROVAL TO RETURN TO WORK

- This employee has my approval to return to work **with no restrictions**.
- This employee has my approval to return to work **with restrictions** as outlined below.

**Employee may return to work on (date):**

### RESTRICTIONS

**Indicate any work restrictions for this employee, such as hours per day, physical limitations, work environment conditions, and ability to drive for work (see list of sample restrictions):**

**These restrictions are in place for (indicate days/weeks/months):**

**List any other accommodations that may allow the employee to perform their job duties:**

### PHYSICIAN INFORMATION

I certify that the information provided on this form is accurate and complete.

**Physician Name (printed):**

**Physician Signature:**

**Date:**

## SAMPLE RESTRICTIONS

Physical Demands	Mental Demands	Working Environment
Standing	Read/comprehend	Extreme cold
Walking	Write	Extreme heat
Sitting	Perform calculations	Humidity
Carrying	Communicate orally	Wet
Pushing	Maintain confidentiality	Noise
Pulling	Manage multiple concurrent tasks	Vibration
Climbing	Work with periods of concentrated attention	Around moving machinery
Balancing	Handle frequent interruptions	Temperature Change
Stooping	Have frequent contact with people	Atmospheric Conditions
Kneeling	Complete detailed work	Exposure to dust, fumes, gases
Crouching	Meet frequent deadlines	Work in confined quarters
Crawling		Exposure to chemicals, cleaning solutions and/or solvents
Reaching	<b>Limited Work Hours</b>	Drive motorized equipment/vehicles
Handling	Up to 2 hours/day	
Grasping	Up to 4 hours/day	
Bending	Up to 6 hours/day	
Squatting	Up to 8 hours/day	
Talking	>8 hours/day	
Hearing		
Repetitive Motions		
Eye/Hand/Foot Coordination		
Use of dominant hand/arm		
Use of non-dominant hand/arm		
Lifting - light (up to 15 lbs)		
Lifting - moderate (up to 40 lbs)		
Lifting - heavy (>40 lbs)		

*\*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*