



**Houston ISD Absence Management
Fitness for Duty Certification for Leave # _____**

You and your Health Care Provider must complete this form and submit it to Houston ISD Absence Management at least two days prior to your return to work. FAX to 1-866-568-6444

Employee Name: (Please Print) _____

Employee ID: _____ **Date Leave Started:** _____

I understand that I cannot return to work without a release from my health care provider.

Employee Signature Date

TO BE COMPLETED BY HEALTH CARE PROVIDER (Please Print or Type)

Please select:

Employee is released to regular duty with NO restrictions. Date released: _____

Employee is released to duty with restrictions (please specify below). Date released: _____

Nature of the accommodation: (Please be specific)

Nature of limitation: (Please be specific)

Please list any other restrictions or comments:

Estimated duration of restrictions:

Health Care Provider Name: (Please Print) _____

Health Care Provider Signature Date