



ADMINISTRATIVE SERVICES HUMAN RESOURCES
FITNESS-FOR-DUTY CERTIFICATION

SECTION 1: To be completed by the EMPLOYEE:

Instructions: Please work with your health care provider to complete this form and return to your HR Representative prior to your return to work. **Any work restrictions must be approved by your department in advance.**

Employee's Name: _____

Job Title/Department: _____

Leave Began: _____ Work schedule (hours/days): _____

Is my job description attached? YES (required, contact HR if needed)

I authorize my health care provider to provide the information on this form for the purpose of determining my fitness for duty and for a Whatcom County Human Resources professional to contact my health care provider to authenticate and/or clarify information, if needed. I understand if I do not provide a completed fitness-for-duty, my return to work may be delayed or denied.

Employee's Signature: _____ Date: _____

SECTION 2: To be completed by the HEALTH CARE PROVIDER:

Instructions: Please review the employee's job and work schedule and complete the following:

Effective _____ (date), the employee is certified to resume work duties as follows:

- Full-time duties, no restrictions on essential duties
- Full-time duties, with the following restrictions on essential duties
(please list specifics including duration)

- Part-time duties, no restrictions on essential duties
Recommended number of hours/days of work per week: _____

- Part-time duties, with the following restrictions on essential duties
(please list specifics including duration)

Name of Health Care Provider

Signature of Health Care Provider

Address

Phone

Type of Practice/Specialty

Date

FAX OR MAIL COMPLETED FORM TO:
Whatcom County Human Resources • 311 Grand Avenue, Suite 107 • Bellingham, WA 98225
Phone: (360) 778-5300 Confidential Fax: (360) 778-5301