

OSU Employee Medical Release to Return to Work Form

(To be completed by the employee's healthcare provider)

Fax completed form to:

(614) 247-8010

Attn: Stu Life Human Resources

-or-

Mail to: Student Life Human

Resources 620 Lincoln Tower

1800 Cannon Dr.

Columbus, OH 43210

Instructions: Any employee returning from a medical leave of absence must provide this or a similar doctor's office version of a return to work form before actually returning to work. The release needs to be provided to Student Life Human Resources on or before the day you return to work. *You should also provide a copy of this form to your Supervisor.*

_____ (Print Employee Name) is able to return to work and perform the essential duties of his/her job (provide your doctor with a copy of your position description if requested):

With NO restrictions effective _____ (date).

With the restrictions noted below effective _____ (date).

List the specific restrictions/comments if full duty or full-time hours are not permitted:

Restrictions needed through: _____ (specific date). Next appointment date: _____

Estimated **full duty** return to work date: _____

Healthcare Provider Information

Signature of healthcare provider

Date

Printed name of healthcare provider

Address: _____

Phone: _____

Fax: _____