

**UW-MILWAUKEE  
FITNESS-FOR-DUTY MEDICAL CERTIFICATION  
TO RETURN TO WORK FROM FAMILY/MEDICAL LEAVE OF ABSENCE  
(FMLOA)**

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The purpose of this form is to certify that the employee is fit to return to work if the serious health condition and reason for the leave was related to one of the following:

- Communicable diseases including, but not limited to hepatitis, AIDS, tuberculosis
- Surgery requiring hospitalization or work restrictions
- Medical/psychological conditions requiring ongoing office visits and treatment, including, but not limited to, cancer, chemotherapy, dialysis, bipolar disorders

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**This section to be completed by the employee:**

Name of Employee: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Days Absent: \_\_\_\_\_

Reason for the leave:

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**This section to be completed by the health care provider:**

Yes    No

Is employee able to perform the essential functions of employee's position that are described on the attached form? If "NO," when will the employee be able to perform the essential functions? \_\_\_\_\_

Comments: \_\_\_\_\_

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**Health Care Provider Information:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Specialty or  
Type of Practice: \_\_\_\_\_

**This form is to be maintained within the department in a locked file separate from other personnel records.**