

Return to Work Form – Material Logistic Supply Personnel

First Name

Last Name

AA Employee #

Base

Treating Health Care Provider (continued):

I understand the essential job functions and physical demands listed on page one. I confirm my patient is currently able to return to work **WITH RESTRICTIONS**.

Return To Work **WITH RESTRICTIONS**: Start Date: _____ End Date: _____
mm/dd/yyyy mm/dd/yyyy

Please complete the following:

1. List the specific restrictions preventing or impacting the Employee's performance (attach additional sheets as necessary)

2. Full Duty release **WITHOUT RESTRICTIONS**: _____
mm/dd/yyyy

By signing this form, you are certifying you are the treating Health Care Provider (HCP) for this employee's recent absence from work.

Health Care Provider (print name): _____

Specialty/Type of Practice: _____

Phone Number: _____ Fax: _____

Health Care Provider Signature: _____ Date: _____

GINA Compliance Notice: 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.

Employee Notes:

1. Your return to work status should be updated on Jetnet within 2 business days.
2. Depending on your position, base and time away from work, you may be required to undergo a fingerprint/background check prior to reporting back to work. Contact your manager to review your specific requirements.
3. If returning to work with job restrictions, you will need to speak with your supervisor, and review the Americans with Disabilities Act and Modified Duty policies located on Jetnet.
4. See your station/base manager/supervisor/lost time personnel upon returning to work.

Please fax completed form to 1-855-895-3685