



Douglas County, Nebraska

RETURN TO WORK MEDICAL CERTIFICATION FORM

FAMILY AND MEDICAL LEAVE ACT

EMPLOYEE INSTRUCTIONS

1. Give this form to your Healthcare Provider to complete.
2. Place your name in the first blank directly below.
3. Return completed form to your Elected Official/Department Head, designee, on or before your return to work date.

You will not be permitted to return to work until this completed form is received.

HEALTHCARE PROVIDER INFORMATION

Healthcare Provider please complete this form and sign below

This Medical Certification is required for the above stated Douglas County employee to return to work following Family and Medical Leave.

Employee/Patient Name: _____

Provider's Name (*please print*): _____

Type of Practice: _____

Provider's Address: _____

Business Phone: _____ Fax: _____

MEDICAL CERTIFICATION

I certify that on (*date*) _____ the above named Douglas County employee is or will be able to resume the performance of his/her job and its associated duties.

Please check the appropriate box below:

Without restrictions

With restrictions (Please describe or attach a description)

Healthcare Provider Signature

Date