



TOWN OF NEEDHAM

TOWN HALL
1471 Highland Avenue
Needham, MA 02192

PERSONNEL DEPARTMENT

TEL: (617) 455-7530

FAX: (617) 449-4569

Certification of Fitness to Return to Duty

Name: _____
(Please Print)

I have examined the above-named employee and hereby certify:

The employee is able to perform the essential functions contained on the attached job description in a safe manner.

Yes ____ No ____

The employee is able to perform under the physical and environmental conditions contained on the attached job description in a safe manner.

Yes ____ No ____

If the answer to either of the two questions above was NO, please respond to the following:

The employee is not able to perform the essential functions of the position or perform under the required physical and environmental conditions at this time. However, the employee may return to limited duty in a safe manner provided that the following restrictions are allowed:

Restrictions:

Time Period that Work Restrictions will be Required:

Note: Limited duty will only be authorized at the discretion of the Department Manager.

Signature of Treating Physician

Date

Name of Treating Physician