

RETURN FROM MEDICAL LEAVE FORM

Return to Work/Fit for Duty (diagnosis not to be included but follow-up care/accommodation must be identified). The letter should be on the treating physician’s letterhead.

Date:

To: (Program Director)

From: (Treating Physician name) *{typed name and signature needed}*

Re: (Resident/Fellow)

The above named resident/fellow has been under my care during his/her medical leave of absence from _____ to _____ and will be ready to return to work on _____. He/She will need the following accommodation:

___ No follow-up/accommodation needed

___ Accommodation needed (note if on-going or time limited)

___ Time to be excused for medical appointments approximately (#) times per week/month

___ Time to be excused to take regularly scheduled medication (describe)

___ Other (please describe)
