

**Carnegie Mellon University
Return to Work Certification**

Instructions to the Employee: Since you have been absent from work, you are required to have this form completed. Complete the top section of this form before giving it to your physician.

Important: Take this form to your health care provider when you are able to return to work.

**PLEASE NOTE THAT YOU WILL NOT BE PERMITTED TO RETURN
TO YOUR JOB WITHOUT THIS COMPLETED FORM.
This form must be received in the Benefits Office
no later than the first day you return to work.**

Mailing address: Benefits & Compensation, 5000 Forbes Avenue, Pittsburgh, PA 15213-3815
Physical Location: 319 South Craig Street.
Fax: 412-268-7472

Name: _____ Date: _____

Department: _____

Instructions to the Physician:

Complete this form only when your patient is able to return to work.

_____ This individual is able to return to full time employment and resume his/her usual occupational activities without restrictions as of **(date)** _____.

_____ This individual may return to work subject to certain limitations or restrictions as of **(date)** _____.

Nature of Restrictions (please be specific):

_____ No lifting over _____ pounds _____ No standing over _____ hours

_____ No climbing (stairs)/bending _____ Speaking limitations (please explain)

Other (please explain): _____

Duration of restrictions or limitations: _____

(dates or length of time)

Physician's signature: _____ Date _____

Print attending physician's name (or office stamp): _____