

Return to Work Release Form

The University of Texas at San Antonio

EMPL ID

This form must be submitted to HR Leave department prior to returning to work. (210)-458-4644

EMPLOYEE INFORMATION & Employee's Instructions

| | | | | |
|---|---------------------|-------------------------|------------------------------|---------------------------|
| _____ Last Name | _____ First Name | _____ Middle Initial | _____ Normal Work Week is | _____ Shift Begin Time |
| _____ Division, Department or Office | | | _____ Hours per Day | _____ Shift End Time |
| _____ Title / Position | | | _____ Days per Week | |

Before the employee may return to work, the form must be completed by the treating doctor and on file with UTSA Human Resources Leave Administration.

PHYSICIAN'S STATEMENT & Physician's Instructions

Based on the employee's current medical examination and the job description, please select the box that best describes the employee's status.

- The above employee has been released to return to work **NO RESTRICTIONS** as of: _____ (date) **OR**
- Employee can return to work with the following restrictions below on _____ (date)
The restrictions will be evaluated on _____ (date) (New Return to Work Release form will be required). **OR**
- The restrictions below will end on _____ (date)

| Max hours per day: | 0 | 2 | 4 | 6 | 8 | Other |
|--------------------------------|---|---|---|---|---|-------|
| Lift or carry max _____ pounds | | | | | | |
| Bending/Stooping | | | | | | |
| Walking | | | | | | |
| Sitting | | | | | | |
| Climbing | | | | | | |
| Standing | | | | | | |
| Reaching above shoulder level | | | | | | |
| Driving equipment/vehicle | | | | | | |
| Working with machinery | | | | | | |

Other Restrictions

- Employee remains unable to work because of the following reason(s) _____
Until the following date: _____ (New Return to Work Release form will be required).

PHYSICIAN'S SIGNATURE (Required)

| | | |
|-------------------------|----------------|--------------|
| X _____ Signature | _____ Date | |
| _____ Print Name | _____ Phone | _____ Fax |

General Information: This form helps gather return to work information and minimize release of medical information to a supervisor when returning from a leave of absence or use of Sick Leave for an employee's own medical condition. **If an alternate release form is used, please do not include diagnosis or treatment information.** This form is submitted by the employee to Human Resources Leave Administration. For more information about workplace accommodations, contact Annette Rabago, Assistant Vice President Human Resources and UTSA ADA Coordinator at 210-458-4031 or email ADA@UTSA.edu

GINA Notification to Health Care Providers: 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 employees or their family members. In order 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.