



## **Fitness for Duty Certification**

(To be completed by health care provider)

Employee Name: \_\_\_\_\_

The above-named patient has been under my care for a "serious health condition," as defined under the Family and Medical Leave Act of 1993 that made the patient unable to perform his or her job. This will certify that the employee is now able to resume work as of (insert date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Continued employment will not be detrimental to his/her condition. I have reviewed Ivy Tech Community College of Indiana's statement of the essential functions of the patient's position with the College, and this employee is able to perform those functions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Health Care Provider's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number