

Return to Work / Medical Clearance Form

Compliance Notes

- Federal OSHA requires employers to document work-related injuries/illnesses and ensure safe return-to-work processes (29 CFR 1904.7).
- Florida follows federal OSHA standards; check state-specific workers' compensation or labor laws for additional requirements in multi-state operations.
- Retain forms for at least 5 years to align with OSHA recordkeeping rules.
- Verify OSHA requirements: <https://www.osha.gov/recordkeeping>.
- For medical privacy, ensure compliance with HIPAA and only collect necessary information.

1. Employee Information

NAME

REASON FOR ABSENCE (E.G., INJURY, ILLNESS, SURGERY; DO NOT DISCLOSE PROTECTED HEALTH INFORMATION UNLESS NECESSARY)

JOB TITLE

EMPLOYEE ID (IF APPLICABLE)

DATE OF ABSENCE START

2. Medical Clearance Details

HEALTHCARE PROVIDER NAME

WORK RESTRICTIONS (IF APPLICABLE) (E.G., NO LIFTING OVER 20 LBS, LIMITED STANDING HOURS)

PROVIDER CONTACT (PHONE/EMAIL)

DURATION OF RESTRICTIONS (E.G., START/END DATE)

DATE OF MEDICAL EVALUATION

FOLLOW-UP APPOINTMENT (IF NEEDED)

Clearance Status:

- ☐ Full Clearance (Employee can return to full duties without restrictions)
- ☐ Modified Duty (Specify restrictions below)
- ☐ Not Cleared (Specify reason/duration: _____)

3. Employee Acknowledgement

I, _____, confirm that the information provided is accurate and that I have received clearance from my healthcare provider to return to work as specified above. I understand I must comply with any restrictions and report any issues to my supervisor.

EMPLOYEE SIGNATURE

DATE

4. Supervisor/HR Verification

NAME

ACCOMMODATIONS PROVIDED (IF APPLICABLE) (E.G., ADJUSTED
SCHEDULE, MODIFIED TASKS)

JOB TITLE

RETURN TO WORK DATE

Confirmation: I verify that the employee's clearance has been reviewed, and accommodations (if needed) are in place.

SUPERVISOR/HR SIGNATURE

DATE