Request to return from Medical Leave of Absence *(Medical Release Form)*

Section I: Employee – Because my LOA was due to my illness, I understand that I must provide a medical clearance by my releasing provider indicating my fitness for duty, my restrictions (if any) and my release date.

Employee Full Legal Name:		**Blazer ID:** **DOB:**	

Employee Job Title: _____
Department:

Supervisor/Manager: _____
Supervisor/Manager: _____
Email: _____Contact # _____

Employee Signature:
Date:

Section II: For Completion by Health Care Provider Only:

This is to certify that (**EMPLOYEE NAME**):

May **Return to work on (date)**:

Restrictions or limitations: (Check one) : ☐ Yes ☐ No

If yes, please explain: _____

_____

Expected End date of restrictions: _____
Next re-assessment date for restrictions: _____

Any tubes, lines, drains or assistive devices? ☐ Yes ☐ No
If yes, explain: _____

Signature of Health Care Provider: _____

Printed Name of Health Care Provider: _____

Date Signed: _____

Please submit completed form to EH/HR offices at email medleavedocs@uabmc.edu or fax 205-975-6900