



**HUMAN RESOURCES - EMPLOYEE RELATIONS**

**FITNESS FOR DUTY CERTIFICATE**

Date: \_\_\_\_\_

Dear Physician,

\_\_\_\_\_ is your client and an employee of the University of Nebraska Medical Center ("UNMC"). Please carefully review the attached employee job description for your client and mark the appropriate box:

☐ I have reviewed my client's employee job description and he/she is able to return to work with no restrictions on the following date: \_\_\_\_\_.

☐ I have reviewed my client's employee job description and he/she is able to return to work with restrictions on the following date: \_\_\_\_\_.

If your client is able to return to work with restrictions, please specify restrictions (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your client is not released to return to work at this time, please specify estimated return to work date: \_\_\_\_\_.

Additional Comments (please print): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Thank you for your assistance.

**Note: Please fax this fitness for duty certification to the fax number listed below or you may give it to your client so your client can provide it to UNMC – Human Resources.**

UNMC  
Human Resources - Employee Relations  
Fax: **(402) 559-5904**  
Phone: (402) 559-5827

Note: 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.