

**FITNESS FOR DUTY CERTIFICATION  
OF HEALTH CARE PROVIDER**  
(FAMILY AND MEDICAL LEAVE – AM-203-2-11)



**Instructions for Health Care Provider:**

Employees of the City of Baltimore must provide a completed Fitness for Duty Certification before returning to work following an FMLA leave of absence for a serious health condition. An employee may not return to work without this certification. Please provide a response to questions 1 and 2 below.

**Section I: Fitness for Duty Certification**

Your patient, [Employee's Name], began FMLA leave on [Date] due to a serious health condition and is scheduled to return to work on [Date]. Attached is a list of all essential job functions for the employee's position.

1. Please review the attached list and indicate the status of the employee's release for duty:
  - The employee **may resume work** at this time and is able to perform all essential job functions with or without a reasonable accommodation.
  - The employee **may NOT resume work** at this time and is unable to perform all essential job functions.

2. Describe any restrictions and/or accommodations necessary to allow the employee to return to work and to perform the essential job functions:

**Section II: Signature of Health Care Provider**

\_\_\_\_\_  
Name of Health Care Provider  
(Please Print)

\_\_\_\_\_  
Signature of Health Care Provider

**Genetic Information Nondiscrimination Act (GINA) Notice:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits...  
except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for a medical certification. 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, or the genetic information of a fetus or embryo.