

**Vanderbilt University
Human Resources Department**

REQUEST TO RETURN FROM MEDICAL LEAVE OF ABSENCE

Employee's Name	Social Security #
Department	Position
Supervisors Name	Home Phone #

This acknowledges that I am prepared to return to work from my Leave of Absence (LOA) on _____.

If my LOA was due to my illness, I understand that I must provide medical clearance signed by my medical provider indicating my fitness for duty, my restrictions (if any) and my release date. I am returning from FMLA leave YES NO

Employee's Signature	Date
----------------------	------

This form must be completed **prior to returning to work. Show to your supervisor and then** forward to the Occupational Health Clinic for archiving. Return by secure fax or mail to:

*Vanderbilt University
Occupational Health Clinic
Medical Arts Bldg. Suite 640
1211 21st Ave South,
Nashville, TN 37212
Secure Fax: (615)936-0966*

Health Care Provider's Statement:

This is to certify that _____ may return to work on _____
(Name of Patient) (Date of return work)

Deleted: <sp><sp>

Restrictions or limitations? NONE Yes

(If yes, explain: _____)

Signature of Health Care Provider: _____ Date _____

PRINT NAME of Provider: _____ Phone: _____