MONTGOMERY COLLEGE

Office of Human Resources and Strategic Talent Management

CERTIFICATION OF FITNESS FOR DUTY

Please note that this employee will not be permitted to return to work until this completed evaluation form is received by Montgomery College.

Please read the attached job description before completing the form.

By completing this form you are certifying the employee is able to perform all the duties listed in the job description you have reviewed unless you note certain restrictions.

Employee Information

Employee name	Job Title
Physician's Name	
Physician's Address & Phone #	
Prognosis	
Patient may return to work on Date	
and is physically and mentally able to perform all the duties of their position.	
Please specify any work restrictions when the patient returns to the job.	
I have read the attached job description	Yes No
Physician's Signature	Date