

Certification of Physician or Practitioner for Employee Return to Work

Attached is a list of the essential functions of Chrysti J. Corkill (Employee name).

Date Employee May Return to Work: _____ for the job title: Vendor Manager

Please check one of the following options to indicate his/her ability to perform the essential functions of the job.

Full Duty

I hereby certify that the employee named above may return to work on the above date. The employee is able to perform the essential functions of the position. My opinion is based on a review of a position description provided to me or a discussion with the employee of the position's essential functions. *Chrysti must be returned to full duty with no restrictions.*

Modified Duty

I hereby certify that the employee named above may return to work on the above date. However, the employee needs the following proposed accommodations in order to perform the essential functions of the position. My opinion is based on a review of a position description provided to me or a discussion with the employee of the position's essential functions.

Proposed accommodations:

Signature of Physician or Practitioner

Date

Physician or Practitioner Information:

Physician's or Practitioner's Name

Address

City

State

Zip

() -
Telephone

() -
Fax

This form must be returned to:

Kim Urban

Representative

Preferred Employers Insurance Co.

Company Name

1455 Frazee Road, Suite 1000

Address

San Delgo

CA

92108

City

State

Zip