Arizona State Personnel System

HEALTH STATUS UPDATE AND/OR MEDICAL CLEARANCE FOR RETURN TO WORK

SECTION ONE - TO BE COMPLETED BY THE EMPLOYEE

Employee Name		EIN		Date	
Agency		Division			
Job Title		Work Location			

SECTION TWO - TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Please only address the medical condition for which the employee used medical leave

Date injury/illness began		Is this an industrial illness or injury?	◯ Yes	◯ No	Date of next appointment
Nature of Condition*					

WORK STATUS

Employee is unable to work starting (date)		Anticipated return to work date	
Employee may work modified duty starting (date)		Anticipated modified duty end date	
Number of hours per day employee may work		Anticipated date employee may return to full-time status	
Date discharged from care		Does the employee have any permanent impairment or restrictions?	◯ Yes ◯ No
Please indicate the permanent impairment and/or restrictions in the comments section below			
May work full duty with no restrictions (date)			

EMPLOYEE'S FUNCTIONAL CAPACITY (Check only those that apply)

☐ No pushing or pulling	☐ No climbing ladders	☐ No operating a motor vehicle
☐ No repetitive bending or twisting	☐ No climbing stairs	☐ No inmate/patient/client control or intervention activities
☐ No reaching above the shoulder	☐ No running	☐ No repetitive motion to injured body part
☐ No operating hazardous equipment	☐ Other - please specify	

Number of hours employee can sit per day		Number of hours employee can walk per day	
Number of hours employee can stand per day		May not lift over (specify number of pounds)	
Describe any visual limitations			
Describe any psychological or cognitive limitations			
Describe any environmental limitations			
Comments			
Healthcare Provider Name		Provider Speciality	
Provider Address		Provider Phone Number	
Provider Signature		Date	
Send Completed Form to			

* 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 an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you do not provide any genetic information when responding to this request for medical information. Genetic information 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.