



Return to Work / Medical Clearance Form

Compliance Notes:

- Federal OSHA requires employers to document work-related injuries/illnesses and ensure safe return-to-work processes (29 CFR 1904.7).
- Florida follows federal OSHA standards; check state-specific workers' compensation or labor laws for additional requirements in multi-state operations.
- Retain forms for at least 5 years to align with OSHA recordkeeping rules.
- Verify OSHA requirements: <https://www.osha.gov/recordkeeping>.
- For medical privacy, ensure compliance with HIPAA and only collect necessary information.

1. Employee Information

- Name: _____
- Job Title: _____
- Employee ID (if applicable): _____
- Date of Absence Start: _____
- Reason for Absence: (e.g., Injury, Illness, Surgery; do not disclose protected health information unless necessary) _____

2. Medical Clearance Details

- Healthcare Provider Name: _____
- Provider Contact: (Phone/Email) _____
- Date of Medical Evaluation: _____
- Clearance Status:
 - ☐ Full Clearance (Employee can return to full duties without restrictions)
 - ☐ Modified Duty (Specify restrictions below)
 - ☐ Not Cleared (Specify reason/duration: _____)
- Work Restrictions (if applicable): (e.g., No lifting over 20 lbs, limited standing hours) _____
- Duration of Restrictions: (e.g., Start/End Date) _____
- Follow-Up Appointment (if needed): _____

3. Employee Acknowledgement

I, _____, confirm that the information provided is accurate and that I have received clearance from my healthcare provider to return to work as specified above. I understand I must comply with any restrictions and report any issues to my supervisor.

- Employee Signature: _____ Date: _____

4. Supervisor/HR Verification

- Name: _____
- Job Title: _____
- Confirmation: I verify that the employee's clearance has been reviewed, and accommodations (if needed) are in place.
- Accommodations Provided (if applicable): (e.g., Adjusted schedule, modified tasks) _____
- Return to Work Date: _____
- Supervisor/HR Signature: _____
- Date: _____