



**Habersham County Schools – HR Department**  
**PO BOX 70**  
**Clarkesville, GA 30523**

Phone: 706-754-2110 x133 Fax: 706-754-3185 Email: dtrotman@habershamschools.com

## **FITNESS-FOR-DUTY REPORT**

**Note:** Please return the completed form to the HR Department when the doctor releases you to resume your job duties.

### **EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Location/Facility: \_\_\_\_\_

### **MATERNITY LEAVE CERTIFICATION**

The employee's delivery date was: \_\_\_\_\_. This is to attest that the employee named above is certified to be "Fit For Duty" and is physically able to return to work without any restrictions on: \_\_\_\_\_.  
(The usual and customary leave for any delivery is 6 weeks.)

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

### **OTHER MEDICAL LEAVE CERTIFICATION**

This is to attest that the employee named above is certified to be "Fit For Duty" and is physically able to return to work without any restrictions on: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

### **HEALTH CARE PROVIDER INFORMATION**

Physician's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_