

# RETURN TO WORK MEDICAL RELEASE

(To Be Completed by Treating Provider)

**INSTRUCTIONS:** Once form is completed by the treating provider, return the completed form to Integrated Disability Management (IDM), **Office of Employee Absence and Risk Management**, Baltimore County Public Schools 6901 Charles Street, Building B, Towson, MD 21204 or by confidential fax: 410-337-0160.

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## **EMPLOYEE INFORMATION:**

Employee's Name (please print): \_\_\_\_\_

Job Title: \_\_\_\_\_ School/Office: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_

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**RELEASE OPTIONS:** *This section must be completed by the employee's treating provider. Choose one of the following 3 options*

**FULL DUTY RELEASE:** Date of Return to Full Duty: \_\_\_\_\_

**RELEASE WITH TEMPORARY RESTRICTIONS**

Diagnosis: \_\_\_\_\_

Requested Restrictions (please be specific):

Restriction Duration: \_\_\_\_\_ to \_\_\_\_\_  
(Start Date) (End Date)

Anticipated Full Duty Date: \_\_\_\_\_

**RELEASE WITH LONG-TERM OR PERMANENT RESTRICTIONS**

If the employee requires long-term or permanent restrictions, the employee must apply for an accommodation under the terms of the Americans with Disabilities Act (ADA). To apply for an ADA accommodation, the employee may obtain accommodation forms by contacting the BCPS EEO Office at 443-809-8937 or visiting [WWW.BCPS.ORG/OFFICES/EEO](http://WWW.BCPS.ORG/OFFICES/EEO) The employee will not be able to work until the accommodations are granted and will use personal illness leave or other approved leave of absence.

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## **HEALTH PROVIDER INFORMATION:**

Print Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_