

Northeastern Employee Medical Release Form

(to be completed by the employee's healthcare provider)

Instructions: Please provide this form, or a healthcare provider's similar version of a return to work form or letter. The medical release needs to be provided to the Northeastern Leave Management Team prior to your return to work date.

Fax completed form to: (617) 373-7610; Attn: HR Leave Management Team

_____ is able to return to work and perform the
(print employee name)

essential duties of his/her job position:

☐ With NO restrictions (full duty) effective _____
(date)

☐ With the restrictions noted below effective _____
(date)

List the specific restrictions/comments if full duty or full-time hours are not permitted:

Restrictions needed through: _____
(date)

Next appointment date: _____

Healthcare Provider Information

Signature of healthcare provider

Date

Printed name of healthcare provider and Title

Phone

Address: _____

Fax
