

Blue Valley Unified School District # 229  
**Return to Work - Medical Certification Form**

*To be completed for absences of more than 5 consecutive days due to personal medical reasons. Employee must have physician complete and return to HR. If any work restrictions apply, these must be pre-approved through HR prior to returning to work.*

Patient Name: \_\_\_\_\_

BVID: \_\_\_\_\_

Work Related:  Yes  No

**Work Status:**

- Return to Full Duty \_\_\_\_\_(date)
- Return to Modified duty with restrictions \_\_\_\_\_(date)
- Unable to work until follow-up \_\_\_\_\_(date)
- Sedentary work only \_\_\_\_\_(date)
- One hand duty only \_\_\_\_\_(date)
- If accommodated duty not available, off work until next appointment
- Permanent restrictions

**Restrictions:**

- No pulling/pushing
- No Crawling, kneeling, squatting
- No bending/stooping
- No overhead work
- No stairs, no climbing
- No prolonged standing/walking
- Cast immobilization
- No driving/operating machinery
- No lifting
- No uneven ground

**Hours able to work per day (please circle)**

1 2 3 4 5 6 7 8 9 10 11 12

**Max. weight (lbs)** 5 10 15 20 30 >30

**Physical Demand Category:**

Sedentary	Sedentary	Light	Light-Medium	Medium	Medium-Heavy	Heavy	Very Heavy
Occasional (1-33%)	10 lbs	20 lbs	35 lbs	50 lbs	75 lbs	100 lbs	Over 100 lbs
Frequent (34-66%)	Negligible	10 lbs	15 lbs	25 lbs	35 lbs	50 lbs	Over 50 lbs
Constant (67-100%)	Negligible	Negligible	7 lbs	10 lbs	15 lbs	20 lbs	Over 20 lbs

Follow up appointment: \_\_\_\_\_(date)

Final visit Today:  Yes  No

Other Restrictions, Accommodations or Comments:

\_\_\_\_\_

\_\_\_\_\_

Physician Name (Print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Form to:

**Blue Valley USD # 229**  
**Benefits Department**  
**15020 Metcalf Ave., Overland Park, KS 66223**  
**Telephone: (913) 239-4674 | Fax: (913) 239-4157**

**\*Note: If any work restrictions apply, supervisory approval is required BEFORE the employee may return to work.**  
Work restrictions are considered temporary unless otherwise noted. The District may re-evaluate the return to work status, based upon work & staffing requirements.

**For Human Resources Use Only:**

\_\_\_\_ Return to work authorized (based upon work restrictions noted above, if applicable).

\_\_\_\_ Unable to authorize return to work based upon work restrictions.

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Human Resources Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR Notes:** \_\_\_\_\_