

## Request to Return from Medical Leave of Absence

**Section I: Employee** - Because my LOA was due to my illness, I understand that I must provide a medical clearance signed by my medical provider indicating my fitness for duty, my restrictions (if any) and my release date.

<b>Employee Full Legal Name:</b>		<b>Department</b>	
<b>Employee Job Title</b>			
<b>Supervisor/Manager:</b>			
<b>Supervisor/Manager Contact Info:</b>			
<b>Employee Signature:</b>		<b>Date:</b>	

### Section II: For Completion by Health Care Provider

This form must be completed and submitted, **prior to returning to work**. Return by secure fax or email to:

**Secure Fax: (205) 975-6900**  
**employeehealth@uabmc.edu**

This is to certify that \_\_\_\_\_ may return to work on \_\_\_\_\_.  
 (Name of Patient) (Date of return work)

Restrictions or Limitations?

☐ NONE ☐ Yes

If yes, please explain:

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\_\_\_\_\_  
**SIGNATURE OF HEALTH CARE PROVIDER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME OF HEALTH CARE PROVIDER**

\_\_\_\_\_  
**DATE**