



Physician Return to Work Authorization – Mental Health

Directions: To be completed by the employee's health care provider in anticipation of employees return to work from medical leave.
Submit to: AACPS Office of Integrated Disability & Leave Management, 2644 Riva Road, Annapolis, MD 21401; **e-fax:** 443-458-0140.

Employee Name	Date of Birth	Job Title
Doctor's Name	Next Scheduled Appointment	

The patient may return to work **without any limitations** on _____ Date

The patient may return to work **with limitations** on _____ Date

The patient can return to work **Part-time** _____ hours/week for _____ (duration)

If there are any limitations, ALL boxes below must be filled out.

The patient is able to:

	No Limitations	Some Limitation	Significant Limitations
1 Understand directives and procedures.			
2 Remember directives and procedures.			
3 Concentrate on tasks for extended periods.			
4 Sustain ordinary routine without special supervision (persist at tasks).			
5 Perform activities within a schedule .			
6 Maintain attendance , and be punctual within customary tolerances.			
7 Make decisions .			
8 Interact appropriately with general public, co-workers, and students (where applicable).			
9 Accept instructions and respond appropriately to criticism from supervisors.			
10 Adhere to basic standards of neatness and cleanliness.			
11 Respond appropriately to changes in the work setting, e.g., learn new skills and/or tasks, deviate from routine procedures, adapt to changes in the the work environment, etc.			
12 Be aware of normal workplace hazards and take appropriate precautions .			
13 Travel between work locations (where applicable).			

Please explain further any of the limitations marked above.

Are these limitations: Temporary Permanent
If temporary, for how long?

Specify any environmental requirements or assistive devices, if applicable

Signature of Doctor

Date

Phone Number

Address

Fax Number