Anne Arundel County Public Schools | Division of Human Resources | 2644 Riva Road, Annapolis, MD 21401 • 443-458-0140 (FAX)

Maternity Return to Work Medical Certification

You will be required to this form PRIOR to being restored to employment.

TO BE COMPLETED BY EMPLOYEE

Name	Employee ID	Date Leave Commenced
Job Title	**Work Location**	**Date of Planned Returned to Work**

_____

Employee Signature Date

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

☐ I certify that _____ is able to perform the essential functions of their position ***without restrictions or limitations*** effective _____.

☐ I certify that _____ is able to perform the essential functions of their position ***with restrictions or limitations*** effective _____. Restrictions are as follows:

_____

_____

_____

Restrictions are in effect until _____.

_____

Physician's Signature Date

Physician's Printed Name: _____

Address: _____

Telephone Number: _____

Please return to:

Anne Arundel County Public Schools, Division of Human Resources
Office of Intergrated Disability & Leave Management (IDLM)
2644 Riva Road, Annapolis, MD 21401
Confidential Fax: 443-458-0140