



**Policy 403.7-E8**  
**Medical Documentation of Absence Form**

It is the practice of the Linn-Mar Community School District to require a fitness-for-duty certificate from their physician if an employee has been absent for one calendar week or more due to the employee's personal injury or illness, prior to reporting back to work.

Please see the attached job description to determine return to full duties or restrictions as necessary.

\_\_\_\_\_ may return to full duties without restrictions on \_\_\_\_\_.  
Employee Name Date

**OR**

Due to illness/injury on \_\_\_\_\_ (Date), this employee is not capable of performing the essential functions of their job.

Please indicate any restrictions below and the duration of the restrictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Anticipated date employee can return to full, unrestricted duty: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Please return form to:**

Linn-Mar Community School District  
Human Resources Office  
3556 Winslow Road, Marion, IA 52302  
Phone: 319-447-3053  
Fax: 319-403-8008