

Disability Management Office (DMO)

State of Michigan

Phone: 877-443-6362, option 2

MEDICAL RELEASE TO RETURN TO WORK

To be completed by employee:

Patient/Employee name:	Employee ID#:	Date of birth:

The below information is required for our employee to return to work from a medical leave, maternity leave or paid parental leave (birthing mothers only).

This statement must be received 5 days before the leave end date and must be signed and dated by the physician within 14 days of return date.

To be completed by health care provider:

Patient may return to work with NO restrictions on:	(provide date)
Patient may return to work WITH restrictions on:	(provide date)
Patient's restriction will end on:	(provide date)

DETAILS OF RESTRICTIONS:

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Health care provider name and business address:

Name:	
Address:	
Type of practice/medical specialty:	
Phone number:	
Fax number:	

Signature of health care provider:	
Date:	

Return completed form to:

Fax: 517-284-9951

Email: MCSC-DMO@michigan.gov