

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 signed and dated by the physician no earlier than 14 calendar days prior to the return to work date and must be received 5 days prior to returning to allow time for processing.

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