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 complete this form PRIOR to being restored to employment.

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, e-fax: 443-458-0140*

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