



Preparing people to lead extraordinary lives

Loyola University Chicago Healthcare Provider Return to Work Certification

For questions, please call the Human Resources Office of Loyola University Chicago at (312) 915-6175

Mail this form to:
Loyola University Chicago
Human Resources
820 North Michigan Avenue
Chicago, IL 60611

or

Fax confidentially to:
(312) 915-7612



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Loyola University Chicago Healthcare Provider Return to Work Certification

Employee Name: _____

Date of release to return to work _____

Statement of Healthcare Provider:

I certify that the above named person has been under my care. He or she has described the physical and mental requirements of the position the person holds at Loyola University Chicago. I release this person to return to work with the following accommodations/restrictions:

- No restrictions or accommodations
- The following restrictions/accommodations are required (Please describe the restriction(s) or accommodation(s) and the anticipated date when the employee will be at full capacity)

Healthcare Provider Name (please print): _____

Healthcare Provider Area of Specialty (please print): _____

Healthcare Provider Signature: _____

Date: _____