



**LOYOLA  
UNIVERSITY  
CHICAGO**

## Job Performance Restrictions or Limitations Certification Form

<b>Section 1: Employee Information</b>		
Employee Name:	Hm Phone:	Univ Ext:
Department:	Position:	Date:
List job duties:		
<hr/> <hr/> <hr/>		
[Use additional paper as necessary.]		
<b>Section 2: To be completed by Healthcare Provider</b>		
Print Provider Name:	Date:	Provider Off. Phone Number:
Provider's area of specialty: _____		
Information on restrictions or limitations:		
I certify that the above named employee of Loyola University Chicago has been in my care. He or she has described the physical and mental requirements of the position held at the university. This patient is able to perform all the major aspects of the position with the following limitation//restrictions:		
<ul style="list-style-type: none"> <li>• The above named patient has no physical restrictions or limitations to reasonably perform his or her job as described. _____ [initials of health care provider]</li> <li>• The patient has the following limitation//restrictions in performing his or job as described:                _____                _____                _____                _____             </li> </ul>		
Date of next medical review: _____		
Signed: _____ Date: _____		

For questions please call the Human Resources Office at: 312-915-6175 and ask for \_\_\_\_\_

Return to: Loyola University Chicago  
Human Resources  
820 N Michigan Ave.  
Chicago, IL 60611

Or by confidential Fax: 312-915-6455