



PHYSICIAN'S REPORT ON ILLNESS

Academic  Non-Academic

For the Purpose of:
Return to work after hospitalization
Return to work after an illness
Other

1. Name (first, middle, last) 2. Today's Date
2. Address (street, city, zip) 4. Home Phone
5. Date of Birth 6. Position 7. Campus Phone 8. Department 9. College/Division
10. Family Physician & Address 11. Phone
THIS BLOCK TO BE COMPLETED BY TCW ONLY
13. A RECOMMENDATION TO THE APPROPRIATE UNIVERSITY OFFICER: as to health related matter for the position indicated above, the undersigned physician certifies this individual as:
Qualified [ ] Conditionally Qualified\* [ ] Disqualified\* [ ] Temporarily Disqualified\* [ ] to return to work.
\*Condition(s)/Explanation \_\_\_\_\_
\_\_\_\_\_ Physician \_\_\_\_\_ Date \_\_\_\_\_

SECTION 2 TO BE FILLED OUT BY ATTENDING PHYSICIAN OR SURGEON

TO THE DOCTOR PLEASE return this form to the above named employee for presentation to the Total Compensation and Wellness

13. Patient's Name \_\_\_\_\_ Date \_\_\_\_\_
14. Nature of illness or accident \_\_\_\_\_
15. Work related? \_\_\_\_\_
16. Was chest x-ray taken? Date \_\_\_\_\_ Results \_\_\_\_\_
17. Date and nature of operation and or length of hospitalization \_\_\_\_\_
18. Duration of treatment (inclusive date) \_\_\_\_\_
19. Number of visits \_\_\_\_\_
20. I believe this patient may return to full duty without danger to self or contacts on \_\_\_\_\_
21. If unable to do full duty, and considering the patient's usual duties, what work recommendations or accommodations are required?
22. For what period? \_\_\_\_\_
23. Dr. \_\_\_\_\_ Signature
24. \_\_\_\_\_ Address Telephone

INSTRUCTIONS:

- 1. The employee completes Items 1 through 12 on this form and takes this form to their attending physician.
2. The attending physician completes Items 14 through 25 and returns this form to the employee.
3. The employee sends both parts of the form to:
FMLASource
455 N. Cityfront Plaza Drive, 13th Floor
Chicago, IL 60611-5322
4. This form must be received at least two business days prior to the anticipated date of return to work.
5. The employee must notify his/her employing unit of the anticipated return.

Academic rank employees are required a PHYSICIAN'S REPORT ON ILLNESS FORM 2305 prior to returning to active duty under the following circumstances:

- 1. After absence due to illness for ten or more days, whether or not consecutive in any July-June Year.
2. After Surgery.
3. As deemed necessary at the University.

Non-Academic employees are required to submit the Form when deemed necessary by the University.

NOTICE: Upon review of the Physician's statement, the University may require additional examination(s) or test(s) with satisfactory results. EMPLOYEES MUST NOT RETURN TO WORK UNTIL A SATISFACTORY HEALTH EXAMINATION IS RECEIVED BY TOTAL COMPENSATION AND WELLNESS AND UNTIL SUCH OTHER RETURN-TO-WORK CONDITIONS AS MAY APPLY ARE SATISFACTORY.