

## Return to Work Form – Material Logistic Supply Personnel

First Name	Last Name	AA Employee #	Base
Email Address		Phone Number	

**To the Health Care Provider,**

We would like to thank you for your care and treatment of our colleague and ask that you partner with us by completing the information below in order for us to process our employee's request to return to work.

This employee has job functions at our company that could affect the employee's safety, that of their co-workers or the public. The safety of our employees and customers is a priority for our company, the Federal Aviation Administration (FAA), Department of Transportation (DOT) and Occupational Safety and Health Administration (OSHA).

The essential functions and required physical demands of **Material Logistic Supply Personnel** below, although not a comprehensive inventory of all essential functions and required physical demands, indicate the general nature and level of work performed by employees within this job classification. The failure to perform these functions properly may result in serious injury to passengers, employees, and ground equipment and company aircraft damage.

**Treating Health Care Provider:**

In order to evaluate our employee's request to return to work, and/or safely return our employee back to work, please review each job function and physical demand listed below. If our employee has a restriction(s) applicable to any of the functions or demands listed, please explain the restriction(s) on page 2 of this form.

- Ability to sit and stand for prolonged periods of time
- Work in a high noise environment
- Routinely engage in tasks related to bending, stooping, pushing, pulling, reaching, lifting and placing more than 60lbs
- Distinguish all colors
- Examine tools and parts for defects and wear
- Read and interpret printed or computerized materials
- Possess cognitive skills to process paperwork, perform simple mathematical functions, and identify numbers and shapes
- Handle approved dangerous goods
- Operate and drive machinery in confined and limited space areas including trucks, trailers and forklifts which requires depth perception
- Work well under stress in a safety and deadline driven environment

**I understand the essential job functions and physical demands listed above. I certify that I am the treating healthcare provider for this employee's recent absence from work.**

**I confirm my patient is currently able to return to work without restrictions. Return to Work date:** \_\_\_\_\_  
m/dd/yyyy

Health Care Provider (print name): \_\_\_\_\_

Specialty/Type of Practice: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the completed form to 817-931-7540**

