



Section: 300 – Personnel

Subject: Return To Work Clearance

I. Purpose

The purpose of this policy is to assess employees returning from a medical leave of absence for their ability to perform their essential job functions. To ensure that they are not a health or safety risk to coworkers, the public or patients, and to execute this in a manner consistent with State and Federal law, including the Americans with Disabilities Act.

II. Procedure

A. Policy Provisions

1. Jackson Health System (JHS) is committed to providing a safe and healthy workforce. To that end JHS utilizes Employee Health Services (EHS).
2. It is the policy of JHS to require a Return-to-Work clearance for employees who have been absent from work due to injury or illness and meet one or more of the following conditions:
 - a. Have an absence of four (4) or more consecutive calendar days for a work-related illness or injury;
 - b. Are unable to return to full duty;
 - c. Have been absent with a contagious disease as outlined in JHS Policy No. 355 - Infectious and Communicable Diseases;
 - d. Have an extended absence for non-work related medical reasons.
3. The EHS Return to Work clearance must be obtained prior to the employee returning to their work assignment.
 - a. Every employee of JHS is expected to report to work on time and is responsible for obtaining the EHS Return to Work clearance in a timely manner and before they are scheduled to return to work.
 - b. Refer to Appendix B - Return to Work Clearance Criteria.
4. The specific nature of an employee's personal health problem(s) will remain confidential and may only be released to the supervisor with the employee's written consent.
5. EHS will provide work status information to management, consisting of whether or not an employee has been cleared to return to work or whether or not any further referrals/restrictions will be necessary.

B. General Guidelines

1. Employees who use a leave of absence for health reasons (or for any circumstances listed below) are required to submit a physician's statement prior to being allowed to resume work.
2. Employees who do not provide appropriate certification will not be allowed to resume work until the documentation requested is produced and clarified by EHS.
3. Employees who call in alleging an illness and subsequently fail to provide medical documentation may be subject to disciplinary action.
4. Employees must provide a detailed physician's statement by using either:
 - a. JHS Physician's Evaluation Form, or
 - i. See Appendix A - Healthcare Provider Evaluation Form and Return to Work Clearance), or
 - b. Provide a detailed statement on physicians' office letterhead which includes the following information:



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- i. The date that the employee has been medically cleared to return to work by the physician;
 - ii. Diagnosis;
 - iii. Return to Work Status (e.g. full duty, restricted duty).
 - (1) If extension of leave, estimated date of return to full work status;
 - iv. If placed on restricted duty, restrictions must be specific and include the duration of the restrictions;
 - v. The note must have providers printed name, signed and dated.
5. If the physician's note is incomplete, the employee will not be cleared which can result in delay in returning to work as scheduled.
6. Employees with open/draining wounds will not be cleared to return to work until resolved.
7. Depending on the type of absence, the employee may or may not be required to visit the EHS clinic for clearance. Here are the general guidelines:
 - a. EHS clinic evaluation required:
 - i. After any injury or illness for 4 (four) days or longer;
 - ii. After absence due to a work related injury;
 - iii. Leave of Absence (LOA) due to medical reasons;
 - iv. Hospitalization;
 - v. After any type of infectious respiratory illness (i.e. bronchitis and pneumonia);
 - vi. Following a Reasonable Accommodation request or any modification of job assignment (i.e. restricted duty) as a result of a medical condition;
 - vii. Following the Last Chance Agreement counseling or Disciplinary Action counseling that requires medical monitoring.
 - b. Physician's clearance only - without EHS evaluation:

Employees have an option to submit these clearances to the EHS via email or in person

 - i. Following an absence due to Cold/Flu;
 - ii. Absence due to pink eye;
 - (1) The physicians note must indicate the start of a 5-7 days course of antibiotic therapy with an elapsed time of at least 24 hours after initiation of the antibiotic therapy first dose; otherwise clinic visit is required.
 - iii. Any other absence due to non-surgical, non-infectious condition;
 - iv. Strep throat infection
 - (1) The physicians note must indicate the start of a 7-10 days course of antibiotic therapy with an elapsed time of at least 24 hours after initiation of the antibiotic therapy first dose; otherwise clinic visit is required.
 - c. Return to Work clearance not required for:
 - i. Funeral leave,
 - ii. Vacation,
 - iii. Paternity leave,
 - iv. FMLA for baby-bonding,
 - v. FMLA for care of family member (non-infectious),
 - vi. Maternity leave (non-c/section).
8. Employees should call EHS at 305-585-6903 or email JHS-ReturnToWork@jhs-miami.org if they have any questions or concerns regarding the Return-to-Work clearance process.

III. References

JHS Policy No. 319 - Personal Leave, Leave of Absence, Mandatory Leave, Union Leave
 JHS Policy No. 347 - Injury and Illness Reporting Worker's Compensation



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JHS Policy No. 355 - Infectious and Communicable Diseases, Prevention and Management of Exposures

JHS Policy No. 358 - Absenteeism

Responsible Party: Executive Vice President & Chief Human Resources Officer
Human Resource Capital Management

Reviewing Committee(s): JHS Policy and Procedure Committee

Authorization: CEO, Jackson Health System



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IV. Appendix**A. Healthcare Provider Evaluation Form and Return to Work Clearance**

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| | | Employee Health Services 305-585-6903 JHS-ReturnToWork@jhs.miami.org | |
| Healthcare Provider Evaluation Form Return to Work Clearance <small>HEALTH CARE PROVIDER MUST PROVIDE RETURN TO WORK CERTIFICATION BY COMPLETING THIS FORM</small> | | | |
| Employee's Name: _____ Phone Number: _____ DOB: _____ | | | |
| Date medically clear to return to work: ____/____/____ | | | |
| Diagnosis or description of injury/surgery/illness: _____ | | | |
| Patient's return to work status: <input type="checkbox"/> Return to full duty: Date: ____/____/____ <input type="checkbox"/> Return to work with noted restrictions: From Date: ____/____/____ To Date: ____/____/____ | | | |
| Detailed Restrictions: _____ | | | |
| *If Restrictions, employee must be seen at the clinic | | MD Office Stamp | |
| Health Care Provider's Signature _____ | | | |
| License#: _____ | | | |
| Print Name _____ | | | |
| Phone Number: _____ Date: _____ | | | |
| Address City and State Zip: _____ | | | |
| EMPLOYEE HEALTH SERVICES USE ONLY | | | |
| EHS Review Type: Clinic Visit <input type="checkbox"/> Email <input type="checkbox"/> | | | |
| Time Arrived: _____ Time with Provider: _____ Time Discharged: _____ | | | |
| Status Dates: Return to full duty on: _____ R.A.C Referral: _____ | | | |
| Discharge Instructions/Restrictions: _____ | | | |
| Cleared to Return to Work: YES <input type="checkbox"/> NO <input type="checkbox"/> Need to Follow-Up with EHS <input type="checkbox"/> | | | |
| Nurse Examiner Name/Signature: _____ Date: _____ | | | |
| Employee must complete: I UNDERSTAND THE ABOVE INSTRUCTIONS AND MY RESPONSIBILITY FOR FULL COMPLIANCE: | | | |
| EMPLOYEE SIGNATURE: _____ Date: _____ | | | |
| Supervisor Name: _____ | | | |
| Supervisor Phone: _____ Email: _____ | | | |



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B. Return to Work Clearance Criteria

| Return-To-Work Clearance | | |
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| EHS evaluation/clearance required (along with physician's clearance note) | Physician's clearance - accepted without EHS evaluation (documentation must be submitted in person or via email) | Return-to-work clearance not required |
| Following any injury or illness for four days or longer | Absence due to any illness not requiring surgical intervention (cold, flu, pneumonia, bronchitis, persistent cough, etc.) It is recommended that employees missing work due to pneumonia, bronchitis, or other acute respiratory illness return to the EHS office for respiratory system evaluation. | Funeral leave |
| Following an absence due to any communicable disease or infection (TB, mumps, etc.) | Absence due to pink eye; The physicians note must indicate the start of a 5- 7 days course of antibiotic therapy with an elapsed time of at least 24 hours after initiation of the antibiotic therapy first dose; otherwise, clinic visit is required. | Vacation |
| After absence due to a work-related injury | Any other absence due to non-surgical, non- infectious condition. | Paternity leave |
| Leave of absence (LOA) due to medical reasons, like hospitalization | Strep throat infection The physicians note must indicate the start of a 7-10 days course of antibiotic therapy with an elapsed time of at least 24 hours after initiation of the antibiotic therapy first dose; otherwise, clinic visit is required. | FMLA for baby-bonding |
| Following a reasonable accommodation request or any modification of job assignment as a result of a medical condition | | FMLA for care of family member (non- infectious) |
| Following the last chance agreement counseling or disciplinary action counseling that requires medical monitoring | | Maternity leave (non C-section) |
| Following an absence due to an open wound or surgical procedure (C-section, etc.) | | |