

RELEASE TO RETURN TO WORK FROM MEDICAL ABSENCES

Program Name: _____

Apprentice Name: _____

Date(s) of Absence from Work: _____

I give permission for the physician named on this form to provide information on my medical status to the apprenticeship program named above.

Signature of Apprentice: _____

Date: ____

To the Apprentice:

You have been absent from work and/or classes due to a medical condition. As a condition of future assignments the Committee needs to make sure that you are able to safely return to the performance of the essential functions of the job of an apprentice electrical worker. Please have your personal physician complete the following form and return it to the Training Director. If your physician indicates that you can only work with restrictions, you must meet with the Training Director to discuss whether these restrictions affect your ability to perform the essential tasks of an electrical worker, and whether there are accommodations that will enable you to safely perform the essential functions of the position.

To the Physician:

This patient of yours is an apprentice electrical worker. The JATC wants to ensure that apprentices who have been out of work for medical reasons can safely perform the essential tasks required of electrical workers. Electrical work is a demanding occupation that requires good sensory abilities, dexterity, endurance, strength, balance and agility. Attached to this form is a job description for this position. If you are not familiar with the job duties of electrical workers, we ask that you review this description before giving your opinion.

The apprentice can return to work and safely perform all of the tasks of electrical work.

The apprentice can return to work with the following restrictions:

These restrictions will last until at least (insert date): _____

Physician Signature: _____

Date: _____

Physician Information

Name: _____

Telephone: _____

Address: _____

E-mail: _____