

HUNTER COLLEGE  
CITY UNIVERSITY OF NEW YORK

CERTIFICATION OF FITNESS TO RETURN TO WORK

Instructional Staff: Members of the Instructional Staff who have been absent for illness exceeding 30 working days or on special leave for restoration of health are required to submit to Personnel Services office the following certificate from their personal physician.

Administrative Staff: Members of the Administrative Staff who have been absent for illness of 30 calendar days or more or on special leave for restoration of health are required to submit to Personnel Services office the following certificates from their personal physician and the College Physician. In case of difference of opinion between the personal physician and the College Physician, a third physician (agreeable to the other two) must be consulted.

Certificate of Personal Physician:

Upon examination of \_\_\_\_\_ who has been on leave for the following illness \_\_\_\_\_ I find him/her physically and mentally in good health and able to return and carry on his/her work on \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Address

Certificate of College Physician: Required for Administrative Staff personnel only.

Upon examination of \_\_\_\_\_ who has been on leave for the following illness \_\_\_\_\_ I find his/her physical and mental condition is such that his/her return to work on \_\_\_\_\_ (is to the best interests of the College.

\_\_\_\_\_ (is not)

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician

Certificate of Third Physician:

Upon examination of \_\_\_\_\_ who has been absent on leave for the following illness \_\_\_\_\_ I find his/her physical and mental condition is such that his/her return to work (is) (is not) to the best interests of the College.

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Address