ALBUQUERQUE PUBLIC SCHOOLS

Human Resources – Extended Leaves Office

Home Hospital Teacher
MEDICAL RELEASE

Employee Name _____ Employee Number _____ Employee's Signature _____

Employees are required to reinstate with the Extended Leaves Office prior to returning to the work site. Return this original Medical Release form to the Extended Leaves/Sick Leave Bank Office, Alice and Bruce King Educational Complex, East Tower, Suite 210.

TO BE COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER

- **PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by the incumbent to successfully perform the essential functions of the job with or without reasonable accommodation:
- The employee must occasionally lift and move up to 25 pounds in supplies which requires bending, stooping and lifting.
- The employee must be able to use a variety of instructional materials in the classroom.
- The employee must use hands and arms to manipulate objects.
- The employee must use keyboards, tools and other controls.
- The employee must sit and stand for long periods of time.
- The employee must have normal vision and hearing with or without aid.
- The employee must be able to move about assigned location unaided during the day
- The employee can safely drive to and from various locations during the work day? Yes_____ No_____

I have reviewed the physical demands of a teacher as listed above. Any restrictions that the employee must comply with and the duration of such restrictions are indicated below:

Restriction	Duration

Employee can return to work on: _____/_____/_____

Health Care Provider's Signature _____ Date _____

Health Care Provider's Address _____ Phone Number _____

IF YOU HAVE RESTRICTIONS, YOUR SUPERVISOR MUST SIGN BELOW:

☐ I am willing: ☐ I am not willing: to work with the above restrictions for this duration.

Supervisor's Signature _____