



Return to Work Authorization Workers' Compensation

Safety & Emergency Management

Clear Form

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form 175-F10
May 2026

Send the completed form to workers.comp@fcps.org

EMPLOYEE TO COMPLETE

Employee Name _____ Employee ID# _____

Job/Position Title _____ Work Location _____

MEDICAL PROVIDER TO COMPLETE

FCPS strives to provide temporary work assignments for all FCPS employees who are temporarily unable to perform the full scope of their job duties due to medically documented restrictions attributable to their work-related injury or illness.¹

Date of Work Injury: _____

Full Duty – Employee is released to return to work with no restrictions and is able to perform their work duties.

Full Duty Release Date: _____

Restricted Duty – Employee is released to return to work with restrictions.
(Complete box below)

Estimated Full Duty Release Date: _____

<input type="checkbox"/> Sedentary duty only	<input type="checkbox"/> No use of affected extremity _____
<input type="checkbox"/> No lifting/carrying up over ____lbs.	<input type="checkbox"/> No kneeling/crawling
<input type="checkbox"/> No climbing stairs/ladders	<input type="checkbox"/> No squatting/stooping
<input type="checkbox"/> No bending/twisting	<input type="checkbox"/> No driving personal vehicle
<input type="checkbox"/> No performing repetitive activity	<input type="checkbox"/> No driving FCPS vehicle
<input type="checkbox"/> May only pushing/pulling over ____lbs.	
<input type="checkbox"/> No standing/walking over ____ minutes/hours/per day	
<input type="checkbox"/> Other: _____	

Off Work – Employee is not released to work in any capacity.

Estimated Return To Work Date: _____

Employee's Next Follow-Up Visit Date: _____

Physician's Signature

Date Signed

PRINT Physician's Name

Physician's Telephone

¹ The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.