



## Fitness for Duty in the Real World: Managing Return to Work After Injury

NOVA ASSP  
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1

## Who the heck am I?

- Jamie Jackson, Chief Meme Officer
  - Millennial Misery
  - Humorous Resources
  - Parody Parenting
  - 1/3 HR Besties podcast
- 22 years in Human Resources



2

**FITNESS FOR DUTY FORM**

Return completed form to employer prior to returning to work.

EMPLOYEE INFORMATION AND INFORMED CONSENT FOR DISCLOSURE OF HEALTH CARE INFORMATION	
Name	
Address	
Telephone Number	

STATEMENT OF PHYSICIAN OR PRACTITIONER	
Medical Facts Regarding Patient's Condition:	
Date Condition Commenced: _____ Probable Duration of Condition: _____	
Has patient reached the end of his/her healing period? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is patient able to perform all of the functions of his/her regular job?	
If essential functions were provided, please indicate any that are of concern in light of employee's current condition.	
Is patient able to work his/her normal work schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If not, please identify the number of hours per day and the number of hours per week that the patient can work, and the expected duration of the period of the reduced schedule.)	
Is patient able to return to work without posing a significant risk or substantial hard to him/herself or others?	
When can patient return to work?	
Restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe what restrictions apply in comments	
Comments:	
<small>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 employees or their family members. In order 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 holds or an individual or family member receives, or is receiving, services through a genetic services.</small>	
Physician Signature	Date

PHYSICIAN OR PRACTITIONER INFORMATION			
Physician Name			
Address			
City	State	Zip Code	
Telephone	Field of Specialty	License No.	

MAINTAIN THIS FORM IN A FMLA CONFIDENTIAL FILE

## Agenda:

- What is a Fitness for Duty?
- Why it Matters in the Real World
- The 4 Pillars of Effective Return-to-Work Decisions
  - Documentation
  - Interactive Process
  - Reasonable Accommodation
  - Risk Management
- Common Pitfalls and Risk Areas
- Q&A

3

## What even is it?

- Ensures an employee is fit to perform their job safely
  - Assesses an employee's physical and mental ability to perform job tasks.
  - Often required after a medical leave or injury to confirm readiness to return.
  - May include evaluations by healthcare professionals.
  - Helps identify any necessary accommodations for the employee.
  - Protects workplace safety and compliance with regulations.
  - Can (should) be part of a company's return-to-work policy.

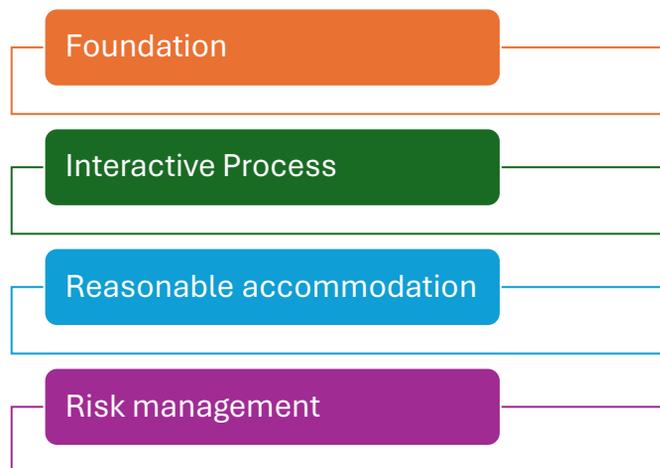
4

## Reality Check:



5

## 4 Pillar Framework

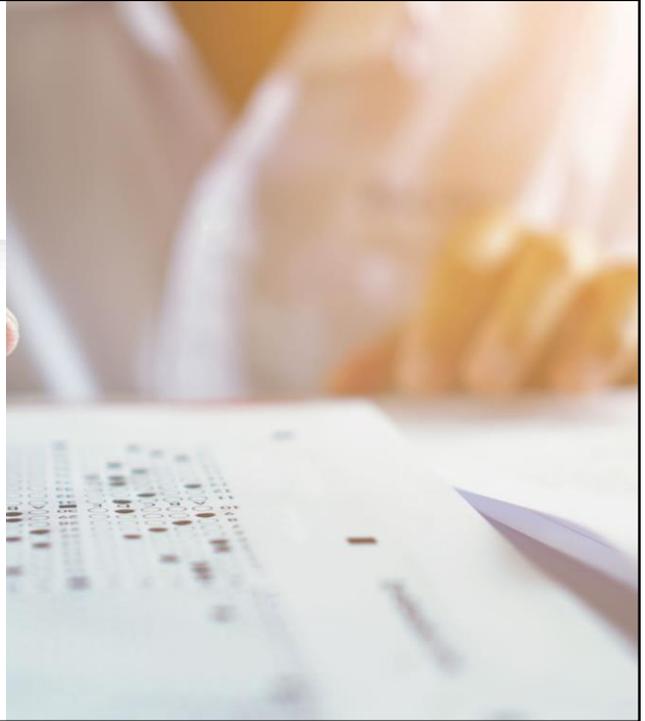


6

## 1.Foundation: Documentation

- Medical certifications ≠ full clarity
- Job descriptions MUST be accurate
- Can they work? vs What can they safely do?

**Real talk: If your job descriptions are vague, your risk is not.**



7

## Expanding: Documentation

Most people think documentation = “we got a doctor’s note.”  
No. It’s **alignment between medical reality and job reality.**

- Is job description accurate?
- Does the doctor understand the job and what is required?
  - Essential vs nonessential job functions
- HR can end up interpreting vague restrictions...
  - Translating medical language into job tasks

8

## 2. Interactive Process

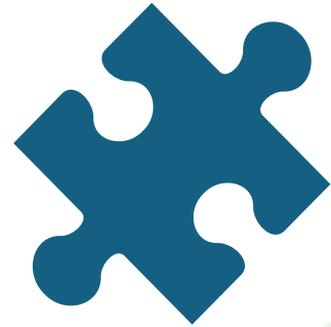
(Where things can go sideways)

This is not just ADA — it's communication

You need:

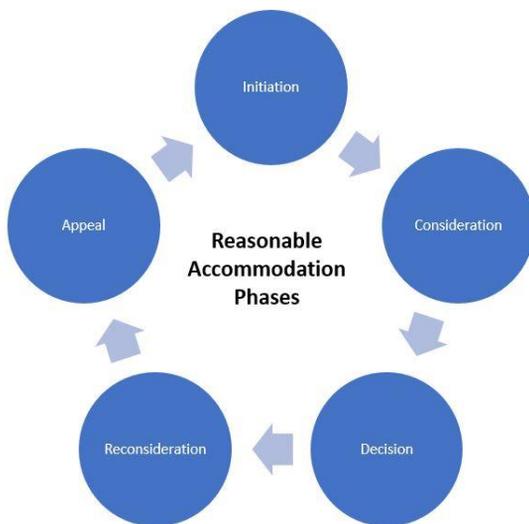
- Employee input
  - Downplay limitations (they want to come back)
  - Overstate limitations (they're scared or unsure)
- Medical input
- Operational reality
- Manager input
  - Push for productivity over safety

**Silence is where liability grows.**



9

## 3. Reasonable Accommodation (Gray zone)



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- Temporary vs permanent restrictions
    - Under accommodate
    - Over accommodate
  - Light duty traps
    - Becomes default instead of strategy
  - When “reasonable” becomes “unsustainable”
    - Why does this person get flexibility?

**Just because you *can* accommodate doesn't mean you *must* forever.**

10

## 4. Risk Management

This isn't just legal risk—it's **operational + cultural + safety risk**.

You're balancing:

- Risk of re-injury
- Risk of discrimination claims
- Risk of inconsistent treatment
- Risk of setting precedent

**The biggest risk isn't saying no — it's saying yes without a plan.**



11

## Common Pitfalls

✘ Accepting vague doctor notes

✘ Letting managers override restrictions

✘ Treating similar cases differently

✘ No end date on accommodations

✘ Avoiding tough conversations

12

# Put a bow on it

- This is about **balance**, not perfection
- You're managing:
  - Safety
  - Compliance
  - Humanity



**Fitness for duty decisions aren't about being right** —don't aim for perfect. Aim for defensible, consistent, and thoughtful. That's what holds up in the real world

13



14