



FITNESS FOR DUTY TO RETURN FROM LEAVE CERTIFICATION

An employee on medical leave because of their own serious health condition may not return to work without this release. Please provide the completed Fitness for Duty Certification form to your manager and Total Rewards via email: totalrewards@rymanhp.com.

If you have any questions regarding the return-to-work process with Ryman Hospitality Properties, please discuss with your manager or contact us at totalrewards@rymanhp.com.

TO: Health Care Provider

This form must be completed by you, as the employee's health care provider, before the employee can resume their job duties. Please use the following guidelines in completing this form:

- **Full, unrestricted duty** – the patient has no work restrictions and can return to his or her prior position.
- **Modified duty** – the patient has some work restrictions. Work restrictions must be specifically notated on pages 2 - 4 of this form.
- **Not released** – the patient is not released to return to work in any capacity.

GINA PROVISION. 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.

1. Employee Name: _____

2. Employee's Job Title: _____

3. Date of Examination: _____

4. Please indicate with a check mark the status of the employee's release for duty.

_____ Not released for any type of duty.

_____ Full, unrestricted duty effective _____.

_____ Modified duty effective _____. (Please complete question 5.)

5. If you are releasing the employee to modified duty, please complete the following:

a. Estimated date that employee will be able to return to full, unrestricted duty: _____.

b. Date of your next medical evaluation of the employee: _____.

c. Indicate the exact work restrictions which apply to the employee at this time on the chart below. Please use additional sheets of paper if needed.

Complete this section if the employee is being released to modified duty.

PHYSICAL EXAMINATIONS	FULL UNRESTRICTED DUTY	MODIFIED DUTY (please specify)	NOT RELEASED
Sedentary Lifting 0 to 10 pounds			
Light-Lifting 10 to 20 pounds			
Moderate-Lifting 20 to 50 pounds			
Heavy-Lifting 50 to 100 pounds			
Pulling/Pushing, Carrying			
Reaching or working above shoulder			
Walking (hrs)			
Standing (hrs)			
Sitting (hrs)			
Stooping (hrs)			
Kneeling (hrs)			
Repeated Bending (hrs)			
Climbing (hrs)			
Operating a motor vehicle, powered industrial truck, forklift, etc.			
Number of hours worked (per day or week)			
Finger Manipulation (typing)			
Pain (frequency, degree, signs)			
Other:			
Behavioral Evaluation	FULL UNRESTRICTED DUTY	MODIFIED DUTY (please specify)	NOT RELEASED
Understanding			
Remembering			
Sustained concentration			
Follow-through on instructions			
Decision making			
Receiving supervision			
Relating to co-workers			

6. Other restrictions, considerations or notes

I certify that the above information is true and correct to the best of my knowledge.

Signature of Health Care Provider

Date

Print Name of Health Care Provider

Phone Number

Type of Practice

License No.

Address

City

State

Zip

Please provide a copy of this form to the employee and their employer via email:
totalrewards@rymanhp.com.