



**EMPLOYEE RETURN TO WORK CERTIFICATE**

PART I - EMPLOYEE INFORMATION	
EMPLOYEE NAME	[REDACTED] EMP. ID NO. [REDACTED]
JOB TITLE	Registered Nurse II--Complex Pulmonary
JOB DUTIES	<p>[REDACTED] is a Registered Nurse in a <i>Pediatric Hospital</i> and is directly involved in Patient Care. She provides highly skilled care 36 hours per week to an inpatient unit.</p> <p>[REDACTED] is responsible for the safe delivery of care to ill patients which includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Accurate and timely execution of physician orders, including administering medication and following treatment plans;</li> <li>• Critical thinking and decision making using nursing judgment, clinical expertise, and quick reactions;</li> <li>• Collect, interpret, analyze complex patient data and make clinical judgment based on an immediate grasp of the whole picture, recognizing patterns and trends by focusing on key elements while eliminating extraneous details.</li> <li>• Remaining composed and calm when faced with crises, stress, or pressure;</li> <li>• Remain alert and oriented at all times;</li> <li>• Keeping accurate documentation; and</li> <li>• Providing thorough and accurate communication and safe hand-off of care.</li> </ul> <p>Please see Position Description.</p>
SUPERVISOR NAME	[REDACTED] HRC [REDACTED]

PART II - COMPLETED BY EMPLOYER
<p><b>Events leading up to removal from work:</b></p> <p>[REDACTED] has a history of seizures which resulted in her absence from work in March 2015 for an extended period of time.</p> <p>On Thursday, August 2, 2018, [REDACTED] texted her manager [REDACTED] and told her that she saw an APRN who prescribed medication to help [REDACTED] sleep. [REDACTED] had missed scheduled work earlier in the week due to lack of sleep. [REDACTED] inquired whether she was safe to work while taking the sleep medication.</p> <p>[REDACTED] also stated that she was having "new symptoms," including slurred speech which prompted her to contact a neurologist. [REDACTED] has a history of epilepsy and seizures, which she reported can be triggered by lack of sleep. [REDACTED] stated that she needed to be evaluated for these new symptoms. The manager responded to [REDACTED] that she needed to be fit for duty and safe to work since she is now taking sleep medicine and reported having slurred speech. [REDACTED] then clarified that she experienced slurred speech on at least two occasions in the past two weeks and she reported experiencing "aura's."</p>

On Monday, August 6, 2018, [redacted] sent email messages to her entire department and the adjoining department, telling them that she has "epilepsy secondary to anxiety" and she specifically stated two medications that she is taking for her condition. This behavior is seemingly unusual and inappropriate.

The employee has provided me with the following: a job description, the current events of concern, and a full list of current medication.

FN  
Provider's Initials

**PART III - COMPLETED BY MEDICAL PROVIDER**

Based upon my examination, I certify that the above employee is:

[V] Check One

<input type="checkbox"/>	Able to return to work in this safety sensitive position without concern for the employee or for the patients or other staff and without restrictions
<input type="checkbox"/>	Able to return to work in this safety sensitive position without concern for this employee or for the patients or other staff and with restrictions until _____ (Duration of Restrictions) Provide specific restrictions:
<input checked="" type="checkbox"/>	Unable to return to work in this safety sensitive position until <u>psychiatric</u> evaluation

[redacted], MD  
Name of Health Care Provider (please print)

[redacted] 8/14/2018  
Signature of Health Care Provider Date

[redacted] Ste. 3600  
Street Address

[redacted] OH 45209  
City, State Zip Code

(513) [redacted]  
Telephone No. TYPE OF PRACTICE/SPECIALIST

**PLEASE MAIL OR FAX FORM TO:**

[redacted]  
[redacted]  
CCHMC- Human Resources  
M.L.C 5035  
3333 Burnet Ave.  
Cincinnati, OH 45229-3039  
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