City of Detroit

Work Related Medical Certification Policy

1. Authority

1.1. This policy complies with the Michigan Persons with Disabilities Act (PWDA), Michigan Occupational Safety and Health Act (MI-OSHA) Act, Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA) and U.S. Occupational Safety and Health Act (OSHA) and all applicable local, state, and federal regulations.

2. Purpose

2.1 To maintain a healthy and safe workplace for all of City of Detroit employees this policy establishes standards for work related medical certifications. This policy is not intended to supersede or modify the procedures applicable to employees eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA). Inquiries about the ADA or FMLA should be directed to Human Resources.

3. Scope

3.1 All City of Detroit employees are subject to the provisions of this policy.

3.2 This policy does not include medical certifications of contractors.

3.3 Medical certifications can include physical and/or mental certifications.

3.4 This policy does not cover substance (drug or alcohol) testing.

(See Substance Abuse Policy)

3.5 This policy does not cover COVID-19 testing requirements.

(See Safe Workplace Policy)

4. Policy

4.1 The health and safety of City of Detroit employees is our highest priority. Work-related medical (physical and mental) certifications help lower the risk of injury and help ascertain an employee's ability to effectively carry out the essential functions of their job, with or without an accommodation.

4.2 The City of Detroit may require potential and current employees to complete one or more of the following medical certifications during the course of employment to determine the employee's ability to perform the essential functions of their job, with or without an accommodation:

a) Pre-employment
b) Return to Work
c) D.O.T. or CDL required
d) Fitness for Duty
e) Work-related injury
f) Arbitration or Last Chance Agreement

4.3 **Pre-Employment and Promotional Evaluations (Select Jobs):**

4.3.1 A candidate selected for hire for any City position that has a physically demanding or safety-sensitive (D.O.T, CDL, etc.) requirement shall submit to a pre-employment, post-offer medical evaluation. Employment is contingent upon successfully passing the pre-employment medical certification.

4.3.2 Positions with duties that are sedentary or have minimal physical requirements may not be subject to a pre-employment medical certification, unless required by regulatory agency or by program/grant requirement(s).

4.3.3 Any City employee selected for promotion to a position that has a physically demanding or safety-sensitive requirement may be required to submit to, and successfully pass, a post-offer medical certification prior to promotion.

4.4 **Return to Work Certification (Physically Demanding /Safety Sensitive):**

4.4.1 Any employee with a physically demanding or safety-sensitive job identified above in section 4.3 above will be required to submit to a Return-to-Work (RTW) Certification form prior to returning to work. (Return to Work Certification Form)

4.4.2 For employees identified in this section, a RTW medical certification is required to return to work after being off work for any of the following reasons:

a) After any surgery; *or*

b) Off work for more than 30 days for any reason. (medical leave, personal leave, discipline, etc.); *or*

c) Off work for any duration, for any reason that requires a medical certification per local, state, or federal law; *or*

d) Returning from a work-related injury

4.5 **Return to Work Certification (Sedentary Positions):**

4.5.1 Employees who have sedentary jobs that do not fall under section 4.3 of this policy may not have to submit to a RTW medical certification if the employee provides a completed and signed RTW Certification Form. (Return to Work Certification Form) from their healthcare provider releasing them to return, unless the City requests a second opinion as outlined in this policy.

4.6 **Return to Work Certification (All Employees):**

4.6.1 Employees who are unable to have their healthcare provider complete and sign the City's RTW Certification Form (Return to Work Certification Form) must provide a medical letter from their treating healthcare provider(s) with the following information:

1. Release of liability
2. Employee's full name
3. Birthdate
4. Dates of disability
5. Date of return
6. Status of return (full duty or with restriction(s))
7. Narrative of restriction(s)
8. Duration of restriction

Failure to provide the requested information may result in delay in returning to work

4.6.2 If /when the employee's healthcare provider releases them to return to work, as evidenced by completion of a RTW Certification Form, the form must be submitted to Human Resources at least 24 hours prior to the start of their shift.

4.6.3 No employee can return to work without a release from their healthcare provider.

4.7 **Return To Work Certification**

4.7.1 The City maintains the right to engage its healthcare provider(s) to review the employee's documentation, contact the employee's treating healthcare provider, and/or conduct a medical evaluation to determine if the employee is fit for return to work with or without accommodation(s).

4.7.2 If the City's medical evaluation does not support the return of an employee, the City and employee may select a healthcare provider from a list of independent healthcare providers to perform an independent medical evaluation (IME), at the City's expense. The result will be final and binding.

4.8 D.O.T. and CDL Certification Medical Evaluations:

4.8.1 Employees holding positions that require a valid Commercial Driver's License (CDL) will be required to pass a medical evaluation and be certified as qualified to drive a commercial motor vehicle prior to employment with the City and as required by law to maintain a D.O.T clearance/medical card.

4.8.2 Employees holding these licenses are required to pass an updated medical evaluation no longer than every 24 months as D.O.T clearance/medical cards are valid for up to 24 months.

4.8.3 Unless exempt, employees shall comply with all federal and state medical requirements for receiving and maintaining a CDL, at their own expense.

4.9 Fitness for Duty:

4.9.1 A Fitness for Duty Evaluation is a physical or mental health evaluation in which a psychologist or healthcare provider performs tests and provides feedback about the employee's fitness to perform a specific job with or without accommodation(s).

4.9.2 The City can require an employee to undergo a Fitness for Duty Evaluation, with the City's healthcare provider if there is reasonable belief based on objective evidence of the following:

a. An employee's ability to perform essential job functions will be impaired by a physical or psychological condition; or

b. An employee poses a direct threat due to a physical or psychological condition.

4.9.3 The Fitness for Duty Evaluation must be job-related and consistent with business necessity.

4.10 **Worker's Compensation:**

4.10.1 All work-related accidents and/or injuries must be reported immediately to the employee's supervisor for completion of a work injury report. Supervisors should refer to the Accident Report Manual for guidance on processing Employee Accident Reports and contact the Human Resources Department with further questions or concerns.

4.10.2 If an accident occurs which requires professional medical treatment and the employee consents to treatment, the employee must fill out a workers' compensation form as soon as possible and be seen at a designated City of Detroit medical clinic by a designated medical professional.

4.10.3 Employees receiving workers' compensation benefits must provide an Authorization for Treatment and Billing Form completed by the treating physician specific to the injury to HR.

4.10.4 Employees and Supervisors must call **(313) 224-2282** to receive a form and more information on Worker's Compensation.

4.11 **Arbitration or Last Chance Agreement:**

4.11.1 Employees may be required to successfully complete a medical evaluation pursuant to the terms of an arbitration award or last chance agreement.

5. Statement of Non-Discrimination and Equal Opportunity

5.1 The City of Detroit provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religious beliefs, age, weight, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

6. Additional Resources/References

6.1 American with Disabilities Act (ADA)

6.2 Michigan Persons with Disabilities Act (PWDA)

6.3 Michigan Occupational Safety and Health Act (MI-OSHA)

6.4 Family Medical Leave Act (FMLA)

6.5 City of Detroit Civil Service Rules

6.6 City of Detroit FMLA Policy

7. Forms and Links

7.1 Return to Work Certification Form

CITY OF DETROIT

Return-to-Work Release Form

Return-to-Work Release Form

Instructions:

Immediate supervisor: Give this form with the employee's up-to-date job description attached to the employee.

Employee: Have your health care provider review your attached job description and ask him or her to complete this form. Return the completed form to your supervisor before you return to **work.**

Health care provider: Please review the attached job description for this employee, complete this form, and return it to the patient.

Employee name: _____

Job title: _____

Date the condition began: _____

Please check one of the following:

- ☐ The employee is able to work UNRESTRICTED (FULL DUTY) beginning _____(date).
- ☐ The employee is UNABLE TO RETURN TO WORK until _____(date).
- ☐ The employee is able to return to work RESTRICTED WORK beginning _____(date)
  - ☐ Sitting Work
  - ☐ One-handed Duty
  - ☐ Lifting Restriction- not more than _____Pounds
  - ☐ No Repeated Bending
  - ☐ Keep Wound Clean and Dry until Sutures are Removed
- ☐ The employee is able to return to work with restrictions from _____(date) through _____(date).
- ☐ Other

Follow-up Scheduled for _____(date)

Health care provider's signature: _____

Health care provider's printed name: _____

Date: _____