

Return to Work Form – Flight Attendant

First Name	Last Name	AA Employee #	Base
Email Address		Phone Number	

To the Health Care Provider,

We would like to thank you for your care and treatment of our colleague and ask that you partner with us by completing the information below in order for us to process our employee's request to return to work.

This employee has job functions at our company that could affect the employee's safety, that of their co-workers or the public. The safety of our employees and customers is a priority for our company, the Federal Aviation Administration (FAA), Department of Transportation (DOT) and Occupational Safety and Health Administration (OSHA).

The essential functions and required physical demands of a **Flight Attendant** below, although not a comprehensive inventory of all essential functions and required physical demands, indicate the general nature and level of work performed by employees within this job classification. The failure to perform these functions properly may result in serious injury to passengers, employees, and ground equipment and company aircraft damage.

Treating Health Care Provider:

In order to evaluate our employee's request to return to work, and/or safely return our employee back to work, please review each job function and physical demand listed below. If our employee has a restriction(s) applicable to any of the functions or demands listed, please explain the restriction(s) on page 2 of this form.

- Ability to stand and walk for prolonged periods of time
- Work at altitudes in excess of 38,000 feet for extended periods of time
- Routinely engage in tasks related to twisting, bending, turning, stooping, pushing, pulling, reaching, lifting, kneeling and balancing
- Ability to close overhead compartments weighing up to 53 pounds. May use assistance to accomplish task.
- Move a wheeled beverage and food cart up a 7.5 degree incline with a push/pull force of sixty (60) pounds
- Ability to open a hinged aircraft door weighing ninety (90) pounds
- Ability to open an aircraft window weighing up to fifty-nine (59) pounds
- Work environment may include exposure to high noises
- Use manual dexterity to operate latches, switches, knobs and controls
- Possess cognitive skills to correctly ensure passenger counts, meal and beverage service items, and correctly assess situations that may arise during flight
- See and interpret color coded light panels
- Hear and interpret the chime system on board an operating aircraft
- Clear oral capabilities to provide instruction and make announcements over PA system during flight and in emergency situations
- Mental ability and agility to handle multiple tasks simultaneously and adapt to changes
- Work well under stress during flight time constraints and in emergency situations
- This employee is subject to Department of Transportation (DOT) drug and alcohol testing

I understand the essential job functions and physical demands listed above. I certify that I am the treating healthcare provider for this employee's recent absence from work.

I confirm my patient has been under my care since _____ and is able to return to work WITHOUT RESTRICTIONS.
mm/dd/yyyy

Return To Work Date: _____
mm/dd/yyyy

Health Care Provider (print name): _____

Specialty/Type of Practice: _____

Phone Number: _____ Fax: _____

Health Care Provider Signature: _____ Date: _____

Please fax the completed form to 1-855-895-3685

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First Name

Last Name

AA Employee #

Base

Treating Health Care Provider (continued):

I understand the essential job functions and physical demands listed on page one. I confirm my patient is currently able to return to work **WITH RESTRICTIONS**.

Return To Work **WITH RESTRICTIONS**: Start Date: _____ End Date: _____
mm/dd/yyyy mm/dd/yyyy

Please complete the following:

- 1. List the specific restrictions preventing or impacting the Employee’s performance (attach additional sheets as necessary)

- 2. Full Duty release **WITHOUT RESTRICTIONS**: _____
mm/dd/yyyy

By signing this form, you are certifying you are the treating Health Care Provider (HCP) for this employee’s recent absence from work.

Health Care Provider (print name): _____

Specialty/Type of Practice: _____

Phone Number: _____ Fax: _____

Health Care Provider Signature: _____ Date: _____

GINA Compliance Notice: 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.

Notes to Employee:

- 1. Your return to work status should be updated on Jetnet within 2 business days.
- 2. Depending on your position, base and time away from work, you may be required to undergo a fingerprint/background check prior to reporting back to work. Contact your manager to review your specific requirements.
- 3. If returning to work with job restrictions, you will need to speak with your supervisor, and review the Americans with Disabilities Act policies located on Jetnet.
- 4. See your station/base manager/supervisor/lost time personnel upon returning to work.

Please fax completed form to 1-855-895-3685