

Apprentice Name:

CHARLES "CHUCK" W. LINDBERG ELECTRICAL TRAINING CENTER

Sponsored by Local 292, IBEW & Minneapolis Chapter of NECA

Minneapolis Electrical JATC 13100 Frankfort Parkway NE · St. Michael, MN 55376 P 763.497.0072 F 763.497.0076 www.mplsjatc.org

Training Excellence since 1946 for the Minneapolis Electrical Joint Apprenticeship & Training Committee

RELEASE TO RETURN TO WORK FROM MEDICAL ABSENCES

Date(s) of Absence from Work:	
I give permission for the physician named on this form to apprenticeship program named above.	provide information on my medical status to the
Signature of Apprentice:	Date:
To the Apprentice:	
You have been absent from work and/or classes due to a medical Committee needs to make sure that you can safely return to the papprentice electrical worker. Please have your personal physicial Training Director. If your physician indicates that you can only we Director to discuss whether these restrictions affect your ability and whether there are accommodations that will enable you to safe	performance of the essential functions of the job of an ian complete the following form and return it to the ork with restrictions, you must meet with the Training to perform the essential tasks of an electrical worker,
To the Physician:	
This patient of yours is an apprentice electrical worker. The JATC v	wants to ensure that apprentices who have been out
of work for medical reasons can safely perform the essential task	ks required of electrical workers. Electrical work is a
demanding occupation that requires good sensory abilities, de	exterity, endurance, strength, balance and agility.
Attached to this form is a job description for this position. If yo	ou are not familiar with the job duties of electrical
workers, we ask that you review this description before giving you	ur opinion.
The apprentice can return to work and safely perfor	rm all the tasks of electrical work.
The apprentice can return to work with the followin	ng restrictions:

These restrictions will last until at least (insert date):	
Physician Signature:	Date:
Physician Information:	
Name:	Telephone:
Address:	
	DLA/lk opeiu#12, afl-cio

Electrical Apprenticeship - "Earn While You Learn"

Affiliated with the electrical training