

After reviewing the patient's job description, would you place any work restrictions for the patient's performance of any job functions upon their return?

No – This patient **can** return to work **without** restriction on _____ (date)

Yes - If yes, please describe what restrictions apply below

The following restrictions Apply:

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 employees or their family member. In order 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 or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Additional Comments:

I certify that the above representations accurately reflect my informed medical opinion with regard to this patient and the patient's fitness for duty and ability to return to work at this time.

Health Care Provider Signature

Date

PHYSICIAN OR PRACTITIONER INFORMATION

Physician Name

Address

City

State

Zip Code

Telephone

Field of Specialty