PHYSICIAN’S STATEMENT CONCERNING LEAVE

Employee’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of statement:

Physician’s name and field of specialization:

My diagnosis for the Employee is:

That condition began on:

I last examined or treated the employee for that condition on:

I expect that condition to continue until:

At the present time, I believe the employee is unable to perform the following specific duties of his or her job because of that condition:

I am prescribing the following treatment (indicate number of visits the employee will make to your office, the general nature and duration of treatment, referrals to other health-care providers, in-patient hospitalization, etc.):

I expect that the employee will be medically able to return to work on:

 (Physician’s Signature)

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 members. 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 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.