



Certification of Fitness for Duty With Job Description Attached

<i>Employee Information. (To be completed by employee)</i>
Employee name:
EMPLID:
Employee's phone number:
Employee signature/date:

<i>Health Care Provider Information. (To be completed by Physician or Practitioner)</i>
Name:
Telephone:
Address:
City/State/Zip:
Field of specialization:

<i>Information relating to serious health condition.</i>
Date patient was last examined:
I have reviewed my patient's job description and I believe the patient is:
Able to return to work and perform his/her duties with <u>no restrictions</u> effective
Able to return to work and perform his/her duties <u>with restrictions</u> at this time.
The following restrictions will be necessary for the patient upon returning to work:
Begin Date: _____ End Date: _____
<u>Cannot</u> return to work at this time. Patient will be examined next on:
<i>I certify that the above representations accurately reflect my informed medical opinion with regard to this patient and the patient's ability to return to work at this time.</i>
Practitioner Signature/Date:

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. Please note this exception to the statement above: Family medical history is required to the extent necessary to make the medical certification complete and sufficient.