

Family & Medical Leave Act (FMLA) Medical Release

PART I-To be completed by employee

Name of employee (please print or type):

Date leave commenced:

Employee's signature:

Date:

PART II-To be completed by health care provider

Date examined:

Effective as of _____ the above-named employee is:

____ Released to work without restrictions; or

____ Able to perform all essential functions (see attached description of essential job functions); or

____ Released to work with restrictions until _____ or _____ permanently:

- Please describe any restrictions as they relate to the attached description of essential job functions:

Health Care Provider's Signature:

Date:

Health Care Provider's name (please print):

Type of practice/medical specialty:

Address:

Phone Number:

Fax Number:

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008

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.