

Medical Release Form

Section I - To be completed by the Employee

Employee's Name: _____

First Date of Illness: _____

Today's Date: _____

Section II - To be completed by the Health Care Provider

Was the employee tested for COVID-19?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If so, was the test result positive?

Date of positive viral COVID-19 test: _____

Was employee symptomatic during the course of the illness?

Symptomatic

What was the first day of symptoms? _____

My patient has met the following criteria for discontinuation of self-isolation as follows:

At least 10 days* have passed since symptom onset and

At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and

Other symptoms have significantly improved or are under control (e.g. cough)

Asymptomatic

My patient has met the following criterion for discontinuation of self-isolation as follows:

Has remained asymptomatic during the course of illness

At least 10 days has passed since the date of the positive viral test for COVID-19

Effective _____ the above-named employee is: (select one)

(indicate date)

A. _____ Released to return to work without restrictions; or

B. _____ Released to return to work with restrictions: (Please indicate the restrictions)

If the employee is released to return to work with restrictions, indicate whether the restrictions are temporary or permanent: (select one)

A. _____ Temporary, until: _____ (indicate date); or

B. _____ Permanent

Health Care Provider's Name and Type of Practice/Medical Specialty (please print):

Address:

Phone Number:

Fax Number:

Health Care Provider's Signature:

Date:

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.