



Medical Release Form

Section I - To be completed by the Employer

Employee's Name:

Date Leave Began:

Today's Date:

Section II - To be completed by the Health Care Provider

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.