

ATTENDING PHYSICIAN'S STATEMENT

Employee: _____

Smith ID Number: _____

Current Position: _____

Department: _____

The employee listed above has identified a medical condition which affects his/her employment. Please provide the following information to assist us with an evaluation of this employee's work capabilities. If you have any questions, you may contact the Office of Human Resources at (413) 585-2275, fax (413) 585-2284. **Please return this completed form to Human Resources, 30 Belmont Avenue, Northampton, MA 01063.**

MEDICAL INFORMATION & TREATMENT1. Diagnosis of Medical Condition: _____

NOTE: For pregnancies, please identify expected date of delivery and any medical reason at this time which would prevent this employee from working up to her expected date of delivery.

2. Date employee became unable to work due to medical condition: _____

3. Brief description of treatment plan (include frequency of treatments): _____

_____**RESTRICTIONS**

Please Check Any Appropriate Box:

 Work Restrictions: 2 hours/day 4 hours/day 6 hours/day 8 hours/day > 8 hours/day Lifting up to: 10 lbs 11-15 lbs 16-25 lbs 26-40 lbs >45 lbs Sitting Only No Lifting No Kneeling No exp. To dust/fumes, etc. Sit/stand as needed No Reaching Dry work only Available for Overtime No Bending Use of dominant hand/arm only Use of non dominant hand/arm only No Work No Driving Other _____Above restrictions are in place for _____ Days Weeks Months**PHYSICIAN'S NAME** (please print): _____**PHYSICIAN'S 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.