

PHYSICIAN STATEMENT RELATED TO MEDICAL LEAVE REQUEST

Five Colleges, Inc. Employee Name:

This request relates to (choose one):

- Employee's own medical illness, injury, or condition
- Employee's care of a child, spouse, domestic partner, or parent of spouse/domestic partner

TO ATTENDING PHYSICIAN:

The Five Colleges, Inc. (FCI) employee listed above has identified an illness, injury, or condition that affects their employment. Please provide the information requested below to assist FCI in evaluating this employee's work capabilities, and to ensure compliance with applicable policies and regulations.

Forward the completed form, and direct any questions, to:
Director of Operations, Shonda Pettiford, 97 Spring St, Amherst, MA 01002
spettiford@fivecolleges.edu, (413) 542-4012, fax: (413) 542-4028

The information you provide in this form will be considered confidential.

MEDICAL INFORMATION

Name of individual receiving medical care:

Medical diagnosis: *

NOTE: For pregnancies, state the expected due date and any medical reason that would prevent employee from working until the date of delivery.

Employee is unable to work as of (date):

Briefly describe the treatment plan, including frequency of treatments.

RESTRICTIONS

Indicate any work restrictions for this employee, such as hours per day, physical limitations, work environment conditions, and ability to drive for work (see list of sample restrictions):

These restrictions are in place for (indicate days/weeks/months):

Expected return to work date:

PHYSICIAN INFORMATION

I certify that the information provided on this form is accurate and complete.

Physician Name (printed):

Physician Signature:

Date:

SAMPLE RESTRICTIONS		
Physical Demands	Mental Demands	Working Environment
Standing	Read/comprehend	Extreme cold
Walking	Write	Extreme heat
Sitting	Perform calculations	Humidity
Carrying	Communicate orally	Wet
Pushing	Maintain confidentiality	Noise
Pulling	Manage multiple concurrent tasks	Vibration
Climbing	Work with periods of concentrated attention	Around moving machinery
Balancing	Handle frequent interruptions	Temperature Change
Stooping	Have frequent contact with people	Atmospheric Conditions
Kneeling	Complete detailed work	Exposure to dust, fumes, gases
Crouching	Meet frequent deadlines	Work in confined quarters
Crawling		Exposure to chemicals, cleaning solutions and/or solvents
Reaching		Drive motorized equipment/vehicles
Handling		
Grasping		
Bending		
Squatting		
Talking		
Hearing		
Repetitive Motions		
Eye/Hand/Foot Coordination		
Lifting - light (up to 15 lbs)		
Lifting - moderate (up to 40 lbs)		
Lifting - heavy (>40 lbs)		

**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.*