FIVE COLLEGES INCORPORATED

AMHERST | HAMPSHIRE | MOUNT HOLYOKE | SMITH | UMASS AMHERST

ATTENDING PHYSICIAN'S STATEMENT

Employee:____________________________________
Current Position:_______________________________ Campus: _______________________________

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 Business Office at (413 542-4000), fax (413 542-4028) **Please return this completed form to Five Colleges, Inc., Business Office, 97 Spring Street, Amherst MA 01002.**

MEDICAL INFORMATION & TREATMENT

1. 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): ________________________________

   ____

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RESTRICTIONS

Please Check Any Appropriate Box:

☐ Work Time : ☐ up to a maximum of______hours/day ☐ **No Work**

☐ 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 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.