

Fitness-For-Duty Certification

Employee: _____

Department/Location: _____

Status: Full time Part time On leave since _____

You have my permission to contact the healthcare provider indicated on this certification for purposes of authentication and clarification related to this serious health condition, if necessary.

Signed: _____ Date: _____

(Information below to be completed by healthcare provider)

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 employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this requested fitness-for-duty certification.

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.

Effective as of [date], the above-named employee is:

released to work without restrictions; or

able to perform all essential duties (*see attached description of essential job duties*); or

released to work with restrictions (*please describe restrictions as they relate to the attached description of essential job duties*):

Name of healthcare provider: _____

Address: _____ Telephone: _____

Type of practice/specialty: _____

Signed: _____ Date: _____