MEDICAL CERTIFICATION FORM

CPB-157 (r. 03.14.14)

INSTRUCTIONS:
Attach this form as required to the application *for Absence Due to Personal Illness (CBP-156)* and forward to your Supervisor for review.

DATE:

I hereby certify that _____
(Name of Patient)

has been under my care for the period From: _____ To: _____

I certify that:

☐ the employee was unable to work, and
☐ the absence was medically necessary

The employee is released to return to work with the following restrictions:

These restrictions are in place for the following period:

Provider's Name:

Provider's Title:

Address:

Telephone #:

SIGNATURE:

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.