

FITNESS-FOR-DUTY MEDICAL CERTIFICATION FOR THE CITY OF ST. LOUIS

PART I: TO BE COMPLETED BY EMPLOYEE

- 1. Name of Employee: _____
- 2. Employee's position: _____
- 3. Date leave commenced: _____
- 4. Date employee can return to work: _____
- 5. _____
Signature of employee Date

PART II: TO BE COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER

6. I certify that on _____ (Date), _____ (Name of Employee), is able to resume performing the functions of his/her position without reasonable accommodation or restrictions.

OR

I certify that on _____ (Date), _____ (Name of Employee), is able to resume performing the functions of his/her position with reasonable accommodation or restrictions as specified. _____

Signature of Health Care Provider Date

Printed Name of Health Care Provider: _____

Type of Practice: _____

Phone Number: _____ Fax Number: _____

GINA DISCLAIMER

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.