## PLEASE RETURN THIS FORM IMMEDIATELY TO: Grosse Pointe Public School System

**Department of Human Resources** 20601 Morningside Drive Grosse Pointe Woods, MI 48236 Phone 313-432-3020 Fax 313-432-3011

Dr. Roy Bishop, Deputy Superintendent of Educational Services Nicole Pilgrim, M.Ed. SHRM-CP, Director of Human Resources

## PHYSICIAN'S STATEMENT OF EMPLOYEE'S DISABILITY

Name:						
Type of Work:				Building:		
Last Day Wor	rked:					
MEDICAL R	REASON(S	S) FOR ABSEN	CE (diagnosis):			
PROGNOSI	S:					
SURGERY:	Yes □	No □		HOSPITALIZED:	Yes □	No □
STATUS:		Patient may return to work with NO restrictions on (da				(date)
		Patient may return work with restrictions on —				(date)
		Restrictions include				
		Patient is not a	able to return to work at th	nis time. Next appointm	nent is sche	duled
		for				
			Physician's Signatus	re:		
			Physician's Name:			
			Address:			
			Phone:		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, 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 or family member's genetic test, 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 a individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.