



Release to Return to Work (Family and Medical Leave Act)

Date:

To: Health Care Provider

From: Georgia Department of Natural Resources

We are determining our employee’s (your patient) eligibility to return to work following a serious health condition which made the employee unable to perform the functions of the employee’s position. Please complete the information below.

Note: 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. 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 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, 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 and the manifestation of disease or disorder in the employee’s family members.

Name of the Employee: _____ Employee ID: _____

Date the employee is released to return to duty: _____

Date the employee is released from post-maternity care (if applicable) _____

The employee named above is released to work with:

No work restrictions

The following work restrictions:

Duration of Restrictions:

Provider Name: _____ Specialty: _____

Address: _____ Phone #: _____

City, State, Zip: _____ Fax: _____

Signature of Health Care Provider: _____ Date: _____