

Please describe any side effects of prescription medication that may interfere with the employee's job duties.

Medication	Effects
_____	_____
_____	_____
_____	_____
_____	_____

If this is a chronic condition, please describe frequency of episodes, if known.

What is the expected progression or stability of the diagnosis?

Please include any other information which you believe would be useful in determining appropriate assistance for this person in the context of the attached job description.

If you would prefer to do so, you may provide this information in narrative form on your office letterhead.

(Please print)

Provider name: _____ Title: _____ License #: _____

Address: _____

Phone: _____ Fax: _____

Provider Signature: _____ 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 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.