

SUNY New Paltz  
ATTN: HUMAN RESOURCES  
1 Hawk Drive.  
New Paltz, NY 12561  
Phone: 845-257-3169; Fax: 845-257-3621

## MEDICAL STATEMENT

### **PART 1: EMPLOYEE**

The following is to be completed by the employee:

I am employed as a \_\_\_\_\_ at SUNY New Paltz.

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

I hereby release the following information to my employer – The State University of New York at New Paltz.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **PART 2: DOCTOR:**

The following is to be completed by the patient's medical practitioner:

Doctor's Name (Print) \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

#### 1. Brief Statement of Diagnosis:

If an occupational injury, date of accident: \_\_\_\_\_

#### 2. Most Recent Dates of Treatment/Office Visits:

3. I certify that in my medical opinion, this patient  is disabled  
 is not disabled from the performance of his or her job. If disabled, the patient is  
unable to work from

\_\_\_\_\_ to \_\_\_\_\_.

#### 4. If unable to return to full duty list restrictions: (See attached job standard if applicable)

\_\_\_\_\_  
\_\_\_\_\_.

5. Date of return to full duty: \_\_\_\_\_.

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of medical practitioner

(NOTE: Rubber stamps and initialized signatures of non-practitioners are not acceptable)