New Paltz
STATE UNIVERSITY OF NEW YORK
Human Resources, 1 Hawk Dr., New Paltz, NY 12561-2443
(845) 257-3169 Confidential Fax: (845) 257-3621

MEDICAL STATEMENT

EMPLOYEE

To be completed by the employee:

Name (print) _____
Last First Middle Initial

Address _____

I am employed as a _____ at SUNY New Paltz. I hereby release the below information to my employer, the State University of New York at New Paltz.

Employee signature _____ Date _____

DOCTOR

To be completed by the patient's health care provider:

Health Care Provider Name (print) _____
Last First Middle Initial

Address _____ 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 below (see attached job standard if applicable):

   _____

   _____

5. Date of return to full duty: _____

Signature of Health Care Provider _____ Date _____

The Genetic Information Nondisclosure 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.