WVDOT
PHYSICIAN'S/PRACTITIONER'S STATEMENT

Patient Name:	Exam Date:

Patient was: ☐ Under my professional care from _____ to _____.

☐ Hospitalized from _____ to _____.

Dates of treatment: _____

Period of Leave Needed: **Select AM or PM below.**

Start Date: _____ _____ AM PM

End Date: _____ _____ AM PM

*estimated leave return date

During this time, will or did the patient need care? ☐ Yes ☐ No

If yes, explain the care needed by the patient and why such care is/was medically necessary. Use reverse side if needed.

Employee Limitations/Restrictions:

Date that patient will be able to resume full duty employment, with no restrictions in work activties: _____

If unable to presently return to full duty employment, can the patient return to less than full duty? ☐ Yes ☐ No

If yes, what is the period of less than full duty: _____ to _____.

Describe in detail any limitations or restrictions on the ability of the employee to work. List any assistive devices or equipment, or any accommodation the employee requires to perform their job. Use reverse side if needed.

Will this condition permanently prevent the employee from performing their duties?

☐ Yes ☐ No

Physician/Practioner Information:

Name of Practice: _____

Type of Practice/Medical Speciality: _____

Address: _____

Phone Number: _____

Signature: _____

- The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting 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.