Shepherd University Medical Leave Verification

Employee's Name: _____

Home Address: _____

Home Phone Number: _____

Physician's Statement (if leave is being requested for Employee):

Medical Condition of Employee: _____

Diagnosis: _____

Prognosis: _____

Duration and Treatment Plan: _____

Employee needs to be off work consecutively from _____ through and including _____
AND/OR
Employee needs to be off work intermittently from _____ through and including _____

Physician's Statement (if leave is being requested for a family member):

Medical Condition of Patient (Family Member): _____

Diagnosis: _____

Prognosis: _____

Duration and Treatment Plan: _____

Relationship of Patient to Employee: _____

Employee needs to be off work consecutively from _____ through and including _____
AND/OR
Employee needs to be off work intermittently from _____ through and including _____

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.

_____ _____
Physician's Signature (Must be signed by physician, not staff) Date

_____ _____
Name of Physician (please print) Physician's Phone Number

I hereby grant permission for my medical records to be released to the Human Resources Office, Shepherd University, PO Box 5000, Shepherdstown, WV, 25443. (Phone 304-876-5299; Fax 304-876-5197)

_____ _____
Employee's Signature Date