

## Certification to Return to Work - Medical Release

### Section I - To be completed by Employee

Employee/Patient Name:	Employee Job Title:	
Employer Phone: <b>866.475.0317 x11841</b>	Employer Fax: <b>888-204-5071</b>	Employer Email: <b>Loa@zovio.com</b>

### Section II - To be completed by Health Care Provider

Name of Health Care Provider:	Place office stamp here:
Address:	
Phone:	

**THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA):**  
 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.

**PLEASE COMPLETE THE FOLLOWING AND RETURN THE FORM TO THE EMPLOYEE OR TO THE DEPARTMENT CONTACT LISTED ABOVE PRIOR TO THE RETURN TO WORK DATE LISTED BELOW.**

*Please limit your answers below to the serious health condition for which the Employee has been on leave.*

1. Is the employee now able to perform those essential functions of his or her job that she could not previously perform because of the serious health condition for which the employee has been on leave?
- Yes (no restrictions – skip to #4)                     
  Yes, but with the below restrictions                     
  No

2. If the Employee is released to work but is restricted in his or her ability to perform the essential functions of his or her job, please describe those restrictions below. *Please be specific so we understand how to best accommodate the employee, if need be. For example, "no lifting greater than 10 lbs for 3 weeks".*

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3. The foregoing restrictions are:     Temporary, until: \_\_\_\_\_                       Permanent

4. Employee is released to work effective: \_\_\_\_\_

### Health Care Provider's Signature

Signature: _____	Date: _____
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