



sedgwick
caring counts

Fitness for Duty Form

Phone: (855) 292-2437 | Web: mySedgwick.com/SAP | Fax: (844) 346-1341 | PO BOX 14566, Lexington, KY 40512

Patient Name: Alexander M. Steinberg

Claim Number: 20190440329-0001

This Fitness for Duty Form must be completed by your Health Care Provider and submitted to Sedgwick prior to your return to work.

This section is to be completed by the EMPLOYEE					
Employee Name: Alexander M. Steinberg				Employee ID: 867276	
Date Leave Began: July 25, 2019			Return to work Date: August 30, 2019		
I understand that I cannot return to work without a release from my health care provider.					
Employee's Signature: <i>Alex Steinberg</i>				Date: August 23, 2019	
This section is to be completed by the HEALTH CARE PROVIDER					
I have examined the employee named above and certify that this person is medically able to resume working on: August 30, 2019					
This employee can return work: With No Restrictions <input checked="" type="checkbox"/>					
With Restrictions (outline details below) <input type="checkbox"/>					
If the employee is returning with restrictions, please state in detail the employee's restrictions and the duration of the restriction:					
If released on a reduced schedule please provide:					
Working Hours Monday	Working Hours Tuesday	Working Hours Wednesday	Working hours Thursday	Working Hours Friday	
Signature of Health Care Provider: <i>Ethan Row, MD</i>				Date: <i>Aug 23-19</i>	
Name of Health Care Provider (Please Print): <i>Ethan Row, MD</i>					
Phone Number of Health Care Provider: <i>617-636-8866</i>					

This information is strictly confidential and used for claim processing purposes only.

"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."