



CITY OF ALLENTOWN
MEDICAL CERTIFICATION

City of Allentown
Human Resources - Room 233
435 Hamilton Street
Allentown, PA 18101
(610) 437-7523 (610) 437-7766 Fax

To the EXAMINING PHYSICIAN: The City grants paid sick leave to its employees when they are incapacitated due to illness or injury, or pregnancy and confinement. In order to maintain uniformity of our medical certification records, we would greatly appreciate your providing the information requested below concerning this employee.

EMPLOYEE NAME _____

1. What is the nature of the employee's illness/injury? _____

2. When was the employee examined? Date: _____ Time: _____

3. Can the employee perform the essential job functions of his/her position without restriction(s)?
Yes _____ No _____

Comments: _____

4. Can the employee perform the essential job functions of his/her position with restriction(s)?
Yes _____ No _____

What restriction(s) has (have) been placed upon the employee? _____

5. Anticipated date employee can return to full unrestricted duty _____

PHYSICIAN'S NAME _____

(TYPE

PHYSICIAN'S SIGNATURE _____

ADDRESS: _____
Street City State Zip Code

TELEPHONE: _____ FAX: _____ DATE: _____

PERSON WHO COMPLETED CERTIFICATE (if other than physician):

NAME: _____ DATE: _____ ()

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 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.