STATE OF COLORADO
Medical Leave Form

For use of Non-FMLA qualifying Sick Leave in excess of 3 consecutive work days.
This form is to be completed and signed by the Health Care Provider.

Employee's Name: _____

Patient's Name: _____   Exam Date : _____

PATIENT WAS: ☐ Under my professional care   FROM _____   TO _____

☐ Seen by my office   DATE _____

☐ Not seen by my office   REASON _____

_____

Dates of treatment: _____

PERIOD OF INCAPACITY (required)   FROM _____   TO _____

During this time, will or did the patient need care?   ☐ NO   ☐ YES

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

_____

_____

_____

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.

EMPLOYEE LIMITATIONS/RESTRICTIONS (skip if patient was a family member of the employee)

_____

_____

Patient was or may be able to resume full duty employment, with no restrictions in work activities, on:

Date: _____

Physician/Practitioner Information: _____

Name of Practice: _____

Type of Practice/Medical Specialty: _____

Signature: _____