

# Fiat Chrysler Automobiles (FCA) Medical Release Form

The following form can be used as the medical statement/release to return to work when completed by the employee's physician.

When returning from a medical/disability leave of absence, an employee must provide a medical statement/release signed by their attending physician. The statement/release MUST contain the following information:

1. The date the release was written.
2. The dates of treatment – must treat within the waiting period to be eligible for disability benefits
3. A return to work date.
4. Confirmation the employee was unable to work and was considered **totally disabled**.
5. If released to return to work with **Restrictions**, they should be listed with the expiration date.
6. A description of the illness or injury (diagnosis) or ICD code (diagnostic code).
7. The release **MUST** be signed by the attending physician, NOT STAMPED, and must include the physician's address and phone number. A physician's assistant /nurse signature is not acceptable.

## Medical Release Statement

This form must be completed by the employee's physician and presented to Human Resources upon return to work according to the established reinstatement process.

I certify that \_\_\_\_\_ (employee's name), \_\_\_\_\_ C-ID Number  
has been under my professional care and treatment.

Patient was: Disabled with Restrictions  Totally Disabled  Other

Unable to work From: \_\_\_\_\_ To: \_\_\_\_\_

Date(s) of treatment: \_\_\_\_\_

Specific medical diagnosis or diagnostic code (not symptoms): \_\_\_\_\_

Restrictions: No \_\_\_\_\_ Yes\* \_\_\_\_\_

Restriction: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Restriction: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*\*Be specific about the nature and the duration of each restriction, i.e. specify weight, bending and/or reaching limits. Light duty is NOT a restriction.*

Date employee can return to regular duty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's Signature & Date: \_\_\_\_\_

(Signature)

(Date)

**IMPORTANT CAREFULLY REVIEW THE FOLLOWING:** 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.** "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.

**\*\*\*\*\*This must be an original document – faxes and copies will not be accepted\*\*\*\*\***