



Smithsonian Institution

Office of Safety, Health, and Environmental Management
Occupational Health Services

Request For Medical Information

Please type or print legibly

Employee / patient name: _____

Job Title: _____ Last 4 digits of SSN: _____

Best Contact Phone Number for Employee: _____

Employee's Smithsonian Unit: _____ Supervisor's Name: _____

I hereby authorize my health care provider to provide medical documentation and information, including diagnosis and prognosis to the Smithsonian for the purpose of determining whether I am entitled to an accommodation under the Rehabilitation Act of 1973, as amended. I further authorize Smithsonian's Occupational Health Services to contact my health care provider as necessary for this purpose. I understand that medical information will be maintained in accordance with the Rehabilitation Act.

Signature of Employee

Date

For Completion by Physician or Medical Provider

(Please use additional sheets if necessary)

1. What is the diagnosis that results in the patient's functional limitations? Please include both currently active conditions and those that are intermittent as they relate to this request only.

2. Does the patient's condition affect major life activities (such as walking, seeing, hearing, etc.)? If so, please list the major life activities that are impaired and describe how your patient's abilities compare to the average person.

3. Does the patient's condition affect the ability to perform the essential job duties of the position description? If so, please list the essential job functions that are limited and describe the level of impairment.

4. What accommodations do you recommend to enable this patient to safely perform affected job duties?

5. Are your patient's functional limitations expected to be permanent? If not, please indicate the date that you expect the need for accommodations to end.

6. Additional comments:

Physician's name, address, phone number

Date

Physician's Signature

The Genetic Information Nondisclosure 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. 29 C.F.R. 1635.8(b)(1)(i)(B).

Please send completed form via e-mail to Smithsonian Institution Occupational Health Service at OHS-MedicalReview@si.edu or secure fax to 202-312-1914.