



How long do you project the condition to continue? Lifetime to be reviewed annually

How long will the Employee be incapacitated (if different)? 1-3 days

How long will the Employee need to be on leave because of the condition? \_\_\_\_\_

Lifetime to be reviewed annually

Will the Employee need treatment at least twice per year for the condition? ☒ Yes ☐ No

Will the Employee require intermittent leave or a reduced work schedule due either to planned medical treatment (for example, follow-up visits or physical therapy), or because of unforeseeable episodes of incapacity (for example, flare ups of symptoms)? ☒ Yes ☐ No

If yes, please provide the following additional information:

Estimated dates of scheduled treatment: 1 scheduled visit every 3 months for monitoring of medications

Frequency of treatment/episodes of incapacity: 1-3 times per \_\_\_\_\_ week 1 month

Duration of treatment/episode of incapacity: \_\_\_\_\_ hour(s) or 1-3 day(s)  
(for example, 3 times per 1 month lasting 1-2 days per episode)

Period of Recovery: \_\_\_\_\_

Is the Employee able to perform the essential functions of the Employee's position without physical restrictions, accommodations or modification of job duties? ☒ Yes ☐ No

If no, can the Employee perform the essential functions of the job with physical restrictions, accommodations or modifications of job duties? ☐ Yes ☐ No

If yes, describe the physical restrictions, accommodations or modification of job duties required:

\_\_\_\_\_

\_\_\_\_\_

#### IV. HEALTH CARE PROVIDER SIGNATURE

Signature: Dr. Jane Brody Date: 11/20/2015

Health Care Provider's Name (Please print): Dr. Jane Brody

Address: 557 Roman Dr. Atlanta GA

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

Specialty/Type of Practice: Neurology