

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