

How long do you project the condition to continue? 7-8 months

How long will the Employee be incapacitated (if different)? Intermittently throughout pregnancy, and 6-8 weeks after delivery

How long will the Employee need to be on leave because of the condition? Up to 2 times per week lasting 1-3 days per episode throughout pregnancy, and 6-8 weeks after delivery

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: prenatal visits 1 time per month for 6 months; visits will increase to 2-3 visits per month in last 3 months of pregnancy.

Frequency of treatment/episodes of incapacity: 2 times per 1 week 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: 1-3 day per episode for periodic incapacitation during pregnancy; recovery after pregnancy expected to last 6-8 weeks

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: Employee restricted from lifting more than 10 pounds during pregnancy [adjust as necessary or delete if it does not apply]

IV. HEALTH CARE PROVIDER SIGNATURE

Signature: Dr. Saul Shapiro Date: March 5, 2015

Health Care Provider's Name (Please print): Dr. Saul Shapiro

Address: 9585 Baylor Ave. Brighton Beach NY

Telephone Number: _____ Fax Number: _____

Specialty/Type of Practice: OB/GYN