UC Berkeley

(Please print on departmental letterhead)

Health Care Provider Inquiry Cover Letter

Date:

To the Health Care Provider for :

UC Berkeley is committed to providing temporary/transitional work opportunities for our employees recovering from an injury or illness. Our Transitional Work Program is designed to allow our employees to safely perform modified or alternative work within their work restrictions while they recover. As you know, allowing employees with disabilities to perform transitional work enables them to return to maximum health and productivity much faster than if required to stay off work.

This Transitional Work Program can only be successful with your participation. As our employee’s health care provider, we need your input as to his/her current work capacity. Therefore, please complete the enclosed Work Status form indicating the employee’s work capacities. Once completed, please give the form to your patient so that s/he can submit it to his/her supervisor for return-to-work consideration.

When responding to this request, please know that:

*“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 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.”*

We would appreciate your response by .

If you have any questions or concerns with this request, please do not hesitate to contact Disability Management Services (510-642-1914 or 510-643-9316) at UC Berkeley.

Thank you for your consideration of this matter.

Enclosure: Work Status Form

Job Description PEM