Stellantis Medical Reinstatement Form

Directions/Medical Data – PAGE 1

Stellantis employees are required to submit both pages of this form prior to returning to work. Non-standard forms or doctor notes will not be accepted.

This substantiation requirement is separate from anything submitted for the employee's disability claim while on leave. The following form is required as the medical statement/release to return to work and must be completed by the employee's health care provider.

Employees, make sure your healthcare provider has filled out the form in its entirety; missing information could delay your return to work and could cause Attendance Disciplines to be issued.

Falsifying or altering information on this form could lead to disciplinary action up to and including termination
Forms with Whiteout or Mark Outs or any other manual alterations will not be accepted

NOTE: The release **MUST** be signed by the treating, legally licensed health or mental care provider which includes (but not limited to):

Physician	**Certified Nurse Midwife**
Nurse Practitioner	**Social Worker**
Physician's Assistant	**Counselor**

**Do not complete Medical Diagnostic Codes for individuals in CA, CT, ME, or RI.*

IMPORTANT CAREFULLY REVIEW THE FOLLOWING: 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 and your medical provider(s) not provide genetic* information in responding to this form.**

**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.*

Information to be completed by Patient's Medical Practitioner

Date (date form is completed): ______________________ Stellantis Employee ID (CID): ______________

MM/DD/YY

Patient Name: ______________________

This information will only be seen/used by Stellantis Medical Dept. **Do not answer for individuals in CA, CT, ME, or RI.*

Patient's Diagnostic Code(s)
**Related to injury/illness* __________ __________ __________ __________ __________

Comments: ____

____

____

____

____

Stellantis Medical Reinstatement Form

Restrictions Data – PAGE 2

Information to be completed by Patient's Medical Practitioner

Patient Name: ____________________ Stellantis Employee ID (CID): ____________________

Date(s) of Treatment: ____________________

Patient Unable to Work: From: ____________________ To: ____________________

(Return to work date cannot be the same as the last date employee was unable to work)

Return to Work Date: ____________________

NOTE: ONLY complete this section if the employee is being medically released to return to work with restrictions that are associated with or result from the medical conditions(s) for which the employee was on a disability leave.

Restrictions No ____________________ Yes ____________________

Restriction: ____________________ Expiration Date: ____________________

Restriction: ____________________ Expiration Date: ____________________

Restriction: ____________________ Expiration Date: ____________________

Restriction: ____________________ Expiration Date: ____________________

Restriction: ____________________ Expiration Date: ____________________

I hereby certify that the facts in this document are true and correct.

Licensed Medical Practitioner Signature Licensed Medical Practitioner Phone #

Licensed Medical Practitioner Print Name Practice Name

Practice Street Address State Zip Code

Falsifying or altering information on this form could lead to disciplinary action up to and including termination.
Forms with Whiteout or Mark Outs or any other manual alterations will not be accepted.