



Confidential Medical Information File

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Medical History Folder Item #30252
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1-800-833-6231

Last Name

First Name

Middle Name

Address

Number

Street

State

Zip Code

Telephone Number:

Social Security Number:

The following documents should be kept exclusively in this file:

Family and Medical Leave Act

- All medical certifications and recertification submitted in connection with an employee's leave under the Family and Medical Leave Act, including but not limited to:
 - Certification of Health Care Provider (Dept. of Labor Form WH-380)
 - physician's letters and notes

*** Reminder:** This includes certifications, letters and notes concerning an employee's family member with a serious medical condition.

Medical History and Information

- All information concerning the medical history of an employee or employee's family member in connection with the employee's leave under the Family and Medical Leave Act.
 - Results of required medical examinations.
 - Information regarding employee's disabilities which are job related (e.g. requiring reasonable accommodation).
 - Information regarding employee's disabilities which is necessary for some legitimate business purpose (e.g. necessary to ensure safety of employees).

*** Reminder:** The above information must be kept confidential, with the following exceptions:

- 1) Supervisors and managers may be informed regarding necessary restrictions on the work or duties of an employee and necessary accommodations;
- 2) First aid and safety personnel may be informed (when appropriate) if the employee's physical or medical condition might require emergency treatment; and
- 3) Government officials investigating compliance with FMLA, ADA, or other pertinent law shall be provided relevant information upon request.

Employee Name

Employee Number