

PART 2

Provide this form to a health care provider for completion. You should attach the completed Medical Questionnaire form to the Workplace Accommodations Request form on the [COVID-19 Resource Page](#).

Part 2 – Medical Questionnaire - To be completed by Health Care Provider

Employee Name:
Employee Identification:
WPA Case #:

Health Care Provider:

Your patient has indicated that you directed self-quarantine due to an underlying medical condition (employee or the employee’s household member) and provided a signed medical authorization. This form requests supporting information and documentation. Answer all questions to a reasonable degree of medical probability.

For questions contact:

Verizon Workplace Accommodations Team at COVID19-WPAT@verizon.com

1. Have you directed this employee to Self-Quarantine due to an underlying medical condition of the employee or employee’s household member?

2. What is the underlying medical condition?

3. What is the expected duration of the underlying medical condition?

4. What is the expected duration of the employee’s need to Self-Quarantine due to this underlying medical condition?

5. If workplace arrangements are recommended, what is the start date and end date?

Workplace Arrangement Start Date: _____ Workplace Arrangement End Date: _____

Telephone Number: _____ Physician/Provider Print Name: _____

Fax Number: _____ Physician/Provider Title/Specialty: _____

Email Address: _____ Physician/Provider Signature: _____

Date Completed: _____

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 employees or their family members. In order 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 members' genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and the 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 received assistive reproductive services.