

Physician Attestation of Employee Status by Medical Provider

This letter is to document that Mr. /Ms. /Dr. _____ is under my care for his/her current medical condition(s) related to the following communicable disease(s) which is (are) _____.

To the best of my evaluation Mr. /Ms. /Dr. _____ is in adherence with the medical management and recommendations provided and I perform periodic assessments of his/her medical condition(s) as necessary.

I will promptly inform you, with the Mr. /Ms. /Dr. _____, of any significant changes of his/her status they occur.

Sincerely,

Physician's Name:

Specialty:

Date: