



NEW YORK CITY DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

OFFICE OF MEDICAL APPEALS AND REINSTATEMENTS
1 CENTRE STREET 21st FLOOR
NEW YORK, NEW YORK 10007

TELEPHONE: (212) 669-2352 FAX: (212) 313-3296

EMPLOYEE MEDICAL HISTORY & PHYSICIAN'S CERTIFICATION
For Medical Reinstatement

TO BE COMPLETED BY EMPLOYEE'S PERSONAL PHYSICIAN/ PSYCHIATRIST (IF APPLICABLE)

MEDICAL HISTORY & STATUS OF:

EMPLOYEE NAME

TITLE

AGENCY

PLEASE WRITE CLEARLY - ATTACH ADDITIONAL PAGES TO THIS FORM IF NECESSARY

STATE NATURE AND DURATION OF EMPLOYEE'S DISABILITY: Give diagnosis and fully describe the disability, treatment, and recovery related to his/her separation from employment.

ETIOLOGY / CAUSATION:

DATE OF LAST EXAMINATION:

IN YOUR OPINION, IS THE EMPLOYEE'S DISABILITY PERMANENT? YES [] NO [] (IF SO, PLEASE EXPLAIN)

IN YOUR OPINION, IS THE EMPLOYEE FIT TO PERFORM THE DUTIES OF HIS/HER POSITION & SHOULD BE REINSTATED? YES [] NO [] (PLEASE EXPLAIN)

IN YOUR OPINION, DOES THE EMPLOYEE REQUIRE A REASONABLE ACCOMMODATION TO PERFORM HIS/HER DUTIES? YES [] NO [] (PLEASE EXPLAIN)

IMPORTANT

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PLEASE ATTACH COPIES OF APPLICABLE SUPPORTING MEDICAL / PSYCH DOCUMENTATION: (e.g. X-RAY / CT / MRI Reports, EKG / Stress / Blood Test results, Surgical or Psych Summaries, etc.)

PHYSICIAN'S CERTIFICATION: I affirm that I have personally examined the above named employee and am aware of the essential functions of his/her position. I understand that the employee has been placed on a leave of absence from that position because of disability. I understand that the information provided by me will be used to determine if the employee is now fit to perform the duties of that position and should be reinstated. By signing below I am certifying that the information provided is true and complete, and I understand that any false statements or deliberate misinformation may be punishable under section 210.45 of the NY Penal Law, including fines. In addition, I understand that any false statements made will be reported to the NYS Department of Health, Office of Professional Medical Conduct.

SIGNATURE OF PHYSICIAN

NAME OF PHYSICIAN (Please Print)

NYS PROFESSIONAL LICENSE #

DATE

ADDRESS

TELEPHONE NO.

NOTE TO THE PHYSICIAN: This form is being submitted in conjunction with an application for employment reinstatement pursuant to Sections 71-73 of the New York State Civil Service Law. The applicant will also be assessed by a certifying Physician/ Medical Officer designated by the NYC Department of Citywide Administrative Services. It is important that you, as the employee's personal physician, thoroughly and accurately complete the information above.



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TELEPHONE: (212) 669-8100 & FAX: (212) 669-8101

APPLICATION FOR MEDICAL REINSTATEMENT

TO BE COMPLETED BY EMPLOYEE

PURSUANT TO SECTION 71, 72 OR 73 OF THE NEW YORK CIVIL SERVICE LAW

INSTRUCTIONS:

ALONG WITH THIS APPLICATION FOR REINSTATEMENT, EMPLOYEE MUST INCLUDE:

- A DCAS MEDICAL HISTORY FORM FROM YOUR PHYSICIAN (PSYCHIATRIST IF APPLICABLE) DATED WITHIN TWO (2) MONTHS OF THIS APPLICATION, STATING THAT YOUR DISABILITY HAS ENDED AND/ OR THAT YOU CAN NOW FULLY PERFORM THE ESSENTIAL TASKS AND FUNCTIONS OF YOUR POSITION.
COPIES OF APPLICABLE SUPPORTING MEDICAL/ PSYCHOLOGICAL DOCUMENTATION CONCERNING YOUR MEDICAL HISTORY, DISABILITY, TREATMENT AND RECOVERY. (RECENT AND RELEVANT TO YOUR SEPARATION FROM CITY SERVICE.)
A COPY OF THE LETTER FROM YOUR AGENCY THAT PLACED YOU ON A LEAVE OF ABSENCE OR TERMINATED YOUR EMPLOYMENT.

PLEASE COMPLETE THE INFORMATION BELOW AND MAIL WITH ATTACHMENTS TO:

Medical Appeals & Reinstatements, Department of Citywide Administrative Services ("DCAS")
1 Centre Street, New York, New York 10007, within one (1) year from the date your disability ended.

Form fields for personal information: LAST NAME, FIRST NAME, DATE, ADDRESS, PHONE, TOWN, STATE, ZIP, SOCIAL SECURITY NUMBER, YOUR AGENCY, TITLE, DISABILITY/ REASON FOR SEPERATION

NOTATION FIELD (LEAVE BLANK)

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PLEASE NOTE: SECTION 71-73 RIGHTS APPLY ONLY TO PERMANENT, COMPETITIVELY APPOINTED, EMPLOYEES OF THE CITY OF NEW YORK. SECTION 71-73 RIGHTS DO NOT APPLY TO EMPLOYEES SERVING WITHIN THEIR PROBATIONARY PERIOD.