



Fitness For Duty Certification

To be completed by associate's health care provider once a return-to-work date has been determined. Once completed, **please return this certification to LOAADAManager@ulta.com.**

Associate Name: _____

Associate ID Number: _____

Associate Date of Birth: _____

Date associate may return to work: _____

Please indicate the status of the associate's release to return to work.

_____ Return to regular work with no restrictions.

_____ Cannot return to work at this time.

_____ Can return to work with the following restrictions:

If restrictions are indicated above, please provide date the associate can return to work with no restrictions: _____

This certification relates only to the particular health condition that caused the leave.

Printed Name of Health Care Provider: _____

Signature of Health Care Provider: _____

Date: _____

Practice/Specialty: _____

Address: _____

Telephone Number: () _____

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 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 member's genetic test, the fact that an individual or an individual's family member sought or received genetic services, and genetic information or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.