



NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

Medical Exemption from Work

P.O. Box 296

Kotzebue, Alaska 99752

Phone:(907) 442-3467 Fax:(907) 442-2162

Dear Health Care Provider:

The individual listed below is applying for services from the Native Village of Kotzebue Social Services Department.

In order to complete the application process for the client, please complete the form below and return it to this office – you may fax or mail it to the number/ address above.

* * * * *

Patient: _____ Date of Birth: _____
Physician: _____ Physician's Phone: _____

The individual listed above has been evaluated on _____.
The physician has instructed the individual concerning further work as described below:

Work Related Activity Status:

- ☐ Temporary _____ ☐ Permanent
(Dates-Timeline)
- ☐ Other _____
- ☐ Can return to work/work related activity NOW
- ☐ OFF work/work related activity *return date unknown
- ☐ Re-evaluation scheduled on: _____

Will require light duty as followed:

- ☐ No water solvent exposure
- ☐ Sitting work only. NO walking or prolonged standing
- ☐ Limited walking, no more than 100 feet per hour
- ☐ NO lifting
- ☐ Light lifting only, no more than 50 lbs

*In accordance with 25 CFR Part 20.315, a person suffering from a temporary medical injury or illness may be excused from work or work related activities if the illness or injury is serious enough to temporarily prevent employment. He/she must be referred to SSI if the disability status exceeds three (3) months.

Physician's Signature

Date