

**MEDICAL CONSENT FORM**

I, \_\_\_\_\_, hereby give my consent to my medical provider(s), \_\_\_\_\_, to speak with the Disability Specialist, the Human Resources Assistant, and/or the Director of the Office of Employment Equity at Rutgers, the State University of New Jersey (“Rutgers”), about my medical condition and information related to my request for an accommodation.

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 will **not** ask your medical provider to provide any genetic information when responding to our request(s) 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 tests, the fact that an individual or an individual’s family member sought or received genetic services, and 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 receiving assistive productive services.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please return this form to:  
Office of Employment Equity, ASB II-Cook Campus, 57 US Highway 1, New Brunswick, NJ 08901-8554

P: (848) 932-3973 F: (732) 932-0049