

# Employee Health Report



**Section 1: Employee Completes Entire Section (Please Print)**

**ALL INFORMATION IS CONFIDENTIAL**  
Fax Completed Form To  
Find fax number on the back of this form.

<b>Employee Information and Consent</b>	Employee Name (Last, First, MI)		Employee ID Number		
	Employee Address, City, State, Zip				Employee Phone Number
	First Day of Injury/Illness	First Day Missed Work	Is this a Work Place Injury/Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Home Email Address
	I hereby authorize the undersigned <b>Licensed Health Care Professional (LHCP)</b> to release information to or to discuss with a Phillips 66 LHCP, any information regarding this injury or illness (continued on the back of this form).				
	Employee Signature <b>X</b>			Date Signed	

**ATTENTION LHCP: Phillips 66 promotes a TRANSITIONAL DUTY PROGRAM. Please complete ALL of the information below concerning the employee's work status.**

**Section 2: Health Care Provider Use Only: (Please Print)**

<b>Medical Condition Information</b>	Is this absence due to a mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please request an EHR Supplemental form from Phillips 66 HR Connections at 855-480-6634 or 918-977-7905		
	Date of Most Recent Visit	Medical condition, symptoms & other medical facts for which patient is being treated	ICD10 Code(s) (If state standards permit)
	Overnight Hospital Stay or Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Hospitalization or Surgery	Reason for Hospitalization or Surgical Procedure
	Current Medications or Other Treatment (i.e. counseling, physical therapy) AND Frequency		
	Complications impeding recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Complications	

<b>Work Status</b>	<input type="checkbox"/> Patient is released to work <b>FULL DUTY with no restrictions</b> as of: _____
	<input type="checkbox"/> Patient may work <b>MODIFIED DUTY FULL DAYS</b> from (date): _____ to* _____ (*estimated dates)
	<input type="checkbox"/> Patient may work <b>MODIFIED DUTY LIMITED HOURS</b> of _____ hrs/day from (date): _____ to* _____ (*estimated dates)
	<input type="checkbox"/> Patient is incapacitated or otherwise unable to perform essential functions of job with or without accommodation. Estimated date of Return to Work with/without reasonable accommodation is approximately: _____

<b>Capacities</b> Estimate what the patient can do at work and home	How long are the patient's current capacities expected to apply? (estimate) <input type="checkbox"/> 1-10 days <input type="checkbox"/> 11-20 days <input type="checkbox"/> 21-30 days <input type="checkbox"/> 30+ days <input type="checkbox"/> Permanent <i>Capacities apply all day, every day of the week, at home as well as at work.</i>						
	<b>Patient can perform the following:</b> (only check motions that apply)		Never	Seldom 1-10% day 0-1 hour	Occasional 11-33% of day 1-3 hours	Frequent 34-66% of day 3-6 hours	Constant 67-100% of day (Not Restricted)
	<b>A blank space indicates NO RESTRICTION</b>						
	Sit (desk work on the job)						
	Stand/Walk						
	Climb Stairs						
	Climb Ladders / Work at Heights						
	Twist						
	Bend/Stoop						
	Squat/Kneel						
	Crawl						
	Drive Motor Vehicle						
	Operate Heavy Vehicles or Machinery						
	Reach	Left	Right	Both			
	Work Above Shoulders	L	R	B			
	Keyboard	L	R	B			
	Wrist / Elbow / Shoulder (Flexion/Extension)	L	R	B			
	Grasp (Forceful)	L	R	B			
	Operate Foot Controls	L	R	B			
	Lift / Push	L	R	B	lbs	lbs	lbs
	Lift / Carry	L	R	B	lbs	lbs	lbs
	Carry	L	R	B	lbs	lbs	lbs
	Must use Assistive Device(s)	L	R	B			
	List Type of Device(s):						

<b>Plans</b>	Patient Progress: <input type="checkbox"/> Treatment concluded, Maximum Medical Improvement (MMI) attained: <input type="checkbox"/> As Expected <input type="checkbox"/> Better Than Expected <input type="checkbox"/> Worse Than Expected
	Estimated RTW Date _____ / _____ / _____
	<input type="checkbox"/> Current Rehab: <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Home Exercise <input type="checkbox"/> Other (e.g. activity, coaching) _____
	<input type="checkbox"/> Next Visit Date _____ / _____ / _____

LHCP INFORMATION – Please list your title as a Licensed Health Care Provider (i.e. MD, DO, DC, PA, ARNP, LPT, DDS, etc.)  
Please provide all requested information - Attach further comments/notes as needed to support patient's absence.

LHCP Signature		Address
LHCP Name (print)		
Date Signed	Phone ( ) ( )	

## Phillips 66 U.S. Clinic Locations

Clinic Location & Address	Phone No.	Fax No.
Phillips 66 Health Services Alliance Refinery 15551 Hwy 23 South P.O. Box 176 Belle Chasse, LA 70037	504-656-3299	504-656-3407
Phillips 66 Health Services 411 S. Keeler Ave. AB-02-232 Bartlesville, OK 74003-6670	918-977-6001	918-977-8005
Phillips 66 Health Services Bayway Refinery 1400 Park Ave. Linden, NJ 07036	908-523-6290	908-523-5215
Phillips 66 Health Services Borger Refinery P.O. Box 271 Borger, TX 79008	806-275-1502	806-275-1932
Phillips 66 Health Services Ferndale Refinery P.O. Box 8 3901 Unick Road Ferndale, WA 98248	360-384-8329	360-384-8465
Phillips 66 Health Services Ponca City Refinery 1000 S. Pine Ponca City, OK 74602	580-767-6360	580-767-2006
Phillips 66 Health Services Rodeo Refinery 1380 San Pablo Ave. Rodeo, CA 94572	510-245-4468	510-799-6486

Clinic Location & Address	Phone No.	Fax No.
Phillips 66 Health Services Santa Maria Refinery 2555 Willow Rd. Arroyo Grande, CA 93420	805-343-3235	805-343-6038
Phillips 66 Health Services Sweeny Refinery P.O. Box 866 Sweeny, TX 77480	979-491-2391	979-491-2440
Phillips 66 Health Services Lake Charles Mfg. Complex 2200 Old Spanish Trail Westlake, LA 70669	337-491-5075 337-491-5162	337-491-5047
Phillips 66 Health Services Wilmington Refinery 1660 W. Anaheim St. Wilmington, CA 90744	310-952-6037	310-952-6033
Phillips 66 Health Services Wood River Refinery 900 S. Central Ave. P.O. Box 76 Roxana, IL 62084	618-255-2308	618-255-3097
Phillips 66 Health Services 2331 CityWest Blvd. HQ-02-S240 Houston, TX 77042	832-765-1400	832-765-0113

**For divisions with non-clinic sites, please immediately mail or fax the completed form to:**

Phillips 66 Health Services  
411 S. Keeler Ave. AB-02-232  
Bartlesville, OK 74003-6670  
ph: 918-977-6001  
fax: 918-977-8005

## Additional Consent Information

I understand that this authorization is voluntary and that a Phillips 66 Licensed Health Care Provider includes a physician, nurse, nurse practitioner, case manager, physician assistant, or employee assistance program (EAP) counselor. I also understand failure to provide authorization could affect my eligibility for Phillips 66 Short Term Disability benefits. This authorization will remain in effect for the lesser of 30 calendar days from the licensed health care provider's signature date or until I return to work on the basis of full duty OR one week from the date of my next documented appointment but not longer than 60 days from the date of the licensed health care provider's signature.

I have read and understand the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the notification.
- I may see a copy of the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).

The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to seek assurances from the above-named persons to organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

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 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 reproductive services.

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## EMPLOYER RESPONSIBILITIES

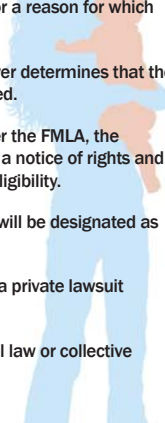
Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

# 1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

## [www.dol.gov/whd](http://www.dol.gov/whd)

U.S. Department of Labor | Wage and Hour Division

