

**Candidate name:** \_\_\_\_\_

**Candidate DOB:** \_\_\_\_\_

Dear Healthcare Provider:

Comprehensive Health Services provides occupational health services for the Department of Interior (DOI), and we are responsible for providing the final medical clearance recommendation for participation in arduous duty positions. Your assistance is requested to help CHS determine if this individual can safely perform their essential job tasks without undue risk to themselves or others.

Your professional medical opinion and any supporting documentation such as copies of diagnostic studies, office notes, or dictations on the following items will assist CHS in providing the appropriate medical recommendations to the DOI. Neither CHS nor DOI are responsible for any additional costs associated with obtaining the items listed below. Please sign, date and return this form with relevant supporting documentation to CHS at your earliest convenience.

Thank you for participating in the medical management of this individual's **seizures**.

Sincerely,

Comprehensive Health Services, Inc.  
Exam Management

As this individual's personal neurologist, I confirm that the following are true and accurate regarding this individual's **seizures**:

<u>YES</u>	<u>NO</u>	<u>N/A or Not Done</u>	<b>(please initial)</b>
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___	___	___	At least 5 years seizure free on a stable medication regimen with at least annual medical evaluations. Date of last seizure: _____
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___	___	___	Normal neurological evaluation to include awake and sleep EEG with photic stimulation, hyperventilation and sleep deprivation after achieving the above 5-year seizure free period. If abnormal, explain:
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___	___	___	Normal brain imaging study, such as MRI of the brain. If abnormal, explain:
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