



**Lutheran**  
Social Services  
of North Dakota

Client Name \_\_\_\_\_ PA Name 0 \_\_\_\_\_ DOA \_\_\_\_\_ 1/0/00

Dear Attending Physician:

The Office of Refugee Resettlement and Department of State requires that all employable individuals between the ages of 18 and 65 seek and accept a suitable job that is offered. This employment must be full-time (minimum 35 hours a week).

A letter from a physician is required to confirm any limitations or exemptions to employment. Following are the only acceptable exemptions:

- \* Individual is a caretaker of another family member who is disabled and need constant care
- \* Medical
- \* Pregnancy
- \* Mental Illness

Please complete the information below and return to \_\_\_\_\_  
at Lutheran Social Services of North Dakota as soon as possible.

*(Please print)*

Physician \_\_\_\_\_ Date of exam: \_\_\_\_\_

Refugee Name \_\_\_\_\_

Dos this individual have any limitations or restrictions to work? \_\_\_\_\_ YES \_\_\_\_\_ NO Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Lifting restriction? \_\_\_\_\_ Standing? \_\_\_\_\_ Hours worked p/week \_\_\_\_\_

Are these limitations or restrictions temporary?

---

---

Pregnant? \_\_\_\_\_ YES \_\_\_\_\_ NO Expected Due Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please mail this form back to person listed above at New American Services, 1325 11th St So Fargo, ND 58103 or fax it to fax # (701) 235-7359.Thank you!)*