January 17, 2023

VIA EMAIL Navraj Chohan nlake44@gmail.com

Dear Navraj:

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Sincerely,

Jackie Ricci Labelbox 415-294-0791 hr@labelbox.com

LETTER & QUESTIONNAIRE TO HEALTH CARE PROVIDER REQUESTING ADDITIONAL INFORMATION ABOUT EXTENDED LEAVE Enclosure(s):

January 17, 2023 VIA EMAIL Dr. Balveen Singh **400 West Pueblo Street** Santa Barbara, CA 93102

Re: Navraj Chohan

Dear Dr. Singh, Tithittititityp flisjendelpstillest Dispitable Molecul Michigan in the position of the subject
1. Does this employee have a physical or mental impairment(s) that limits their ability to perform
any of the essential functions of their position with the Company (as set forth in the attached job
Yes V No /
If yes, is/are the impairment(s) temporary or permanent? If temporary, when will the impairment(s) end, or when do you reasonably predict it/they will end?
This umperment does not end but an be
managed with treatment and medialus
which the employee will be revaluated and you will be able to reasonably predict a return to work date? Within 2-3 months
Authorise subproper projection streichte bed bereiten ettige in date light bestehende be
Once he is stabilized be will
be able to perform all Job hudon
Are these restrictions temporary or permanent? If temporary when will the restrictions end, or when do you reasonably predict they will end?

¹ The Genetic Information Nondiscrimination Act of 2008 (GINA) and similar state law(s) prohibit employers and other covered entities 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 the law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by law, 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.

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Yes No If "yes," please identify and describe <u>all</u> the accommodations in detail and explain why you believe these accommodations will help this employee perform their essential job functions.
A modified moin scredule mould help, especially during "episodes" when he is usually
And at the possibly redny a leave of absence,
Butwen tildeletinopfillatics beatisple of its light for the state of t
el anhapate 2-3 months re will
tentatively April 1st highout restrictions
Exeptidate in the contract of
Yes_No If you answered "Yes," please identify the medical provider (by name and/or by specialty) and explain the reason for your response: The standard of the providing of the reason for your response: The standard of the specialty and explain the reason for your response:
Dr. Balveen Syn Do
Board Certified psychiatrial
-> Pr has a vental illness that
is alteranound they breated.

cc: Navraj Chohan

hr@labelbox.com

CERTIFICATION

By signing below, I certify that the answers provided in response to the above questions are based on my own personal knowledge of the relevant medical facts from my own examination of the patient/employee or based on my own review of the relevant medical documentation, and my answers represent my professional medical opinion.

Health Care Provider's Name:	Balven	Such	DU	
	fegus -	Q		
Health Care Provider's Address: .				
Health Care Provider's Signature				
Date: 1/19/23				
Provider's Specialty or Type of P	ractice: Q rev	d Cosphe	d Parchal	
Provider's Telephone and Fax Nu		6600	(845) 818-3549.	