



SICK LEAVE BANK MEDICAL CERTIFICATION FORM

(To be submitted with Sick Leave Bank Request Form)

To be completed by the Employee:

Name of Patient: _____

Employee ID Number: _____

Address:

Street City State Zip Code

I hereby authorize the undersigned physician to release any information acquired in the course of my examination or treatment for the purpose of the Sick Leave Bank.

Patient Signature: _____ Date: _____

To be completed by Attending Physician:

Patient's condition is the result of: Illness Injury

Is condition due to illness or injury that is work related? Yes No

Diagnosis: *Please describe diagnosis using layman's terms*

Diagnosis: _____

Treatments:

Date you first treated this patient for this condition: _____

Date of onset of this condition: _____ Date of most recent treatment: _____

How often has patient been seen/treated? _____ Date of next office visit: _____

Has patient been referred to any other physician? Yes No If "yes" Date(s): _____

Name of Physician: _____



**SICK LEAVE BANK
MEDICAL CERTIFICATION FORM**

Nature of treatment for this condition: _____

Has surgery been performed? Yes No Was the surgery elective? Yes No

If "yes" date: _____ Procedure: _____

Was patient hospitalized for this condition? Yes No

Dates discharged: _____ Name of hospital: _____

Please complete the following questions regarding your patient's status:

1. Is your patient able to work? Yes No

If no, what medical restrictions or limitations have been placed on this patient preventing his/her return to work?

Expected return to work date (mm/dd/yyyy): _____

2. Nature of treatment/treatment plan (including surgery, therapy, and medication prescribed, if any)

Medical Provider's Name _____

Address _____

Phone _____

Medical Provider's Signature _____

Date _____



SICK LEAVE BANK MEDICAL CERTIFICATION FORM

The Sick Leave Bank Trustees recognize the following procedures as examples of “elective surgery”:

1. Radial keratotomy and other surgical procedures to correct refraction error(s)
2. Any operation relating to the fitting or wearing of dentures or teeth
3. Cosmetic surgery unless an injury or illness
4. Experimental surgical procedures not yet recognized as acceptable medical practice or which require, but have not received, approval by the federal or other governmental agency
5. Artificial implants and non-human transplants
6. Reversal of sterilization procedures
7. Surgery to change sex and related treatment
8. Services or supplies in connection with artificial insemination, in-vitro fertilization or any procedure intended to create a pregnancy
9. Pregnancy/caesarean
10. Gastric bypass surgery
11. Surgery that may be postponed, without harm to patient, until the summer break from school duties.