



DUNCANVILLE ISD

Writing success stories, one student at a time.

Duncanville ISD Sick Leave Bank Benefits Application

Attending Physician's Statement

MEDICAL INFORMATION RELEASE

Employee's Name: _____ Employee ID# _____

Patient's Name: _____ Relation to Employee: _____

"I authorize the release of my medical information to the Duncanville ISD Sick Leave Bank Committee."

Employee/Patient Signature: _____ Date: _____

PHYSICIAN'S STATEMENT

For all injuries/illness – DIAGNOSIS: _____

Date of earliest diagnosis/treatment: _____ Estimated duration of condition: _____

FOR ALL SURGERIES – Surgery recommendation: _____

Yes No Could the recommended surgery be scheduled during the summer months without being detrimental to the patient's health?

Yes No Was the employee/family member hospitalized? If yes, how long? _____

Yes No Will the employee/family member be incapacitated for a single continuous period of time?

If yes, estimate the beginning and ending dates for the period of incapacity: _____ to _____.

Anticipated treatments or therapies after initial release to return to work: _____

PHYSICIAN'S NAME (Please print)

PHYSICIAN'S SIGNATURE

Address

Office phone number

DATE

City, State, Zip code