

Krum Independent School District

809 E. McCart Krum, Texas 76249 (940)482-6000 FAX (940) 482-3929

Please type or print legibly

Sick Leave Bank

Attending Physician's Statement:

Patient's Last Name First Name Middle Initial

Detailed description of illness or injury:

If surgery was required, could it have been postponed until summer months or Christmas vacation to alleviate interference with teaching duties?

Dates of treatment: _____

Hospitalization:

Date admitted Date discharged

Name of hospital

Address of hospital

To your knowledge, what is the earliest date this patient was treated for this condition?

Is patient still under your care? _____

Total amount of time the patient was or will be unable to work _____

Date patient can return to work: _____

Physician's signature

Office mailing address

Print or type physician's name

Office physical address

Date signed

Office phone number