

SCCS ST. CLAIR COUNTY SCHOOLS

410 ROY DRIVE • ASHVILLE • AL • 35953
205-594-7131 205-594-4441 (fax)

PHYSICIAN REVIEW OF ESSENTIAL FUNCTIONS

DIRECTIONS IF SUBMITTED BY PHYSICIANS OFFICE:

Please fax this report as soon as possible to 205-594-4441 and mail original to the above mentioned address, Attention: SUPERINTENDENT OF EDUCATION. You must also fax a copy of this form to the immediate supervisor of the employee. The employee will provide you with this information.

DIRECTIONS IF SUBMITTED BY EMPLOYEE:

After physician has completed form, fax this report as soon as possible to 205-594-4441 and mail original to the above mentioned address, Attention: SUPERINTENDENT OF EDUCATION. You must also fax a copy of this form to your immediate supervisor.

This form should be reviewed by your immediate supervisor and a determination made BEFORE you are allowed to return to work.

The St. Clair County School System requests that you review the attached job description (provided to physician by the employee) for our employee that is currently under your care. The essential functions listed are activities that our employee is required to do as part of their job.

Employee/Patient Name

Position in School System

I have reviewed the position description for the above named patient.

It is my professional opinion that my patient can perform the essential functions of the job and can return to work immediately.

It is my professional opinion that my patient cannot perform the essential functions of the job.

The date that the employee can return to work is _____.

Signature of Attending Physician

Date