MESQUITE ISD EMPLOYEES' SICK LEAVE BANK
ATTENDING PHYSICIAN'S STATEMENT

(If you have a physician's statement with this same information on it, we will accept it)

Physician's Name: _____

Physician's Address: _____

Physician's phone & fax number: _____

Patient's Legal name: _____ MISD ID # _____

Description of sickness or injury: _____

_____

Description of job limitation due to sickness or injury: _____

_____

Is patient still under your care? YES NO

Is this illness or injury life threatening? YES NO

If surgery is required, could it have been delayed to June, July or August? YES NO

How long was or will patient be continuously totally unable to work? _____

_____

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

_____

Date patient can return to work: _____

Signature of Physician: _____ Date: _____

Return this form to Personnel Services

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