

**ATTENDING PHYSICIAN'S STATEMENT FOR NCISD'S SICK BANK ELIGIBILITY**

**EMPLOYEE INFORMATION\*** (to be completed by the employee).

Complete the Employee Information portion below. The attending physician must fully complete the remainder of the form. A request for sick leave bank days will **not** be considered until the **Attending Physician's Statement** is received.

Employee Name: \_\_\_\_\_

Campus/Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL CERTIFICATION\*** (to be completed by the attending physician) **PLEASE BE VERY SPECIFIC as this form requests the use of additional paid leave and therefore must contain sufficient information to determine eligibility.**

Describe illness or injury you are treating: \_\_\_\_\_  
\_\_\_\_\_

Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe why it is medical necessary for the employee to be absent from work: \_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

The patient's illness, injury, or condition:  is life threatening,  requires pro-longed in-patient hospitalization or recovery, and/or  is expected to result in disability or death.

Explain the short-term prognosis: \_\_\_\_\_  
\_\_\_\_\_

Explain the long-term prognosis: \_\_\_\_\_  
\_\_\_\_\_

Dates of treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is patient still under your care?  Yes  No

**Hospitalization:**

Date admitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Can the procedure and/or treatment be postponed to one of the employee's extended breaks or summer months (see attached schedule) without detriment to his or her health? \_\_\_\_\_. If no, please explain the effect on employee's health or prognosis if delayed: \_\_\_\_\_  
\_\_\_\_\_

Name of attending physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I certify that the information given on this Attending Physician's Statement is accurate and true.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

Please return to: Marsha Stuard, Risk Management Specialist  
New Caney ISD  
21580 Loop 494, New Caney, TX 77357  
Fax to: 281-354-3474

