



EDGEMONT UNION FREE SCHOOL DISTRICT

300 White Oak Lane, Scarsdale, New York 10583
Telephone: 914-472-7768 Fax: 914-472-6846

ATTENDING PHYSICIAN'S STATEMENT

DIRECTIONS TO EMPLOYEE: This form is to be completed in full by employee and the employee's attending physician. Completed form is to be returned to the District Office.

TO BE COMPLETED BY EMPLOYEE:				
Employee Name		School	Assignment	
Date of Injury or Illness	Nature of Injury or Illness			
If Injury – Where and how did it happen?				
				Employee Signature
				Date
TO BE COMPLETED BY ATTENDING PHYSICIAN:				
Date first consulted by patient	Date of Next Appointment	Pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>	Expected Delivery Date	
Diagnosis or concurrent condition of patient				
Date injury or symptoms First appeared	Is condition related to employment Yes <input type="checkbox"/> No <input type="checkbox"/>	Expected Treatment Duration	Date patient to return to work	
Patient was confined in hospital From _____ To _____		Patient was confined in house From _____ To _____		
Patient was totally disabled (unable to work) From _____ To _____		Patient was partially disabled From _____ To _____		
May patient continue and/or resume normal duties without any limitations: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain				
Remarks: (Any other comments regarding partial disability, work limitations, medications, etc.)				
Physician's Name (Print)		Business Address	City	State Zip
Business Telephone	Physician's Signature			Date