



# TOOELE COUNTY SCHOOL DISTRICT

92 South Lodestone. Tooele. Utah. 84074. 435-833-1900. FAX 435-833-1912

## Medical Certification Statement

To be completed by Health Care Provider

Employee Name:

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Address:

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Date Condition Began:

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Date Condition Ended (or is expected to end):

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Medical Facts Regarding Condition:

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Explanation of extent to which employee is unable to perform the functions of his/her job:

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Health Care Provider Signature:

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Date:

Telephone:

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***Medical release to be completed by employee:***

***I authorize the release of my personal medical information pertinent to the granting of FMLA leave.***

Employee Signature:

Date:

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