

ATTENDING PHYSICIAN'S STATEMENT FOR A FAMILY MEMBER / NCISD'S SICK BANK ELIGIBILITY

Employee's Name: _____ Campus/Dept.: _____

Name of Family member/Patient: _____ Relationship to you: _____

I authorize you, as my attending physician, to release all requested medical information and records about me to a representative of the NCISD Sick Bank Committee.

Patient's Signature: _____ Date Signed: _____

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 to care for the patient : _____

How long is the care needed? _____

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

