RANKIN COUNTY SCHOOL DISTRICT
GREAT TO BEST

Shane Sanders
Superintendent of Education

Rankin County School District
Catastrophic Injury or Illness Physician's Statement

Section 37-7-307, Mississippi Code of 1972 Defines "Catastrophic Injury or Illness" as follows:

"Catastrophic injury or Illness" means a life-threatening injury or illness of an employee or member of an employee's immediate family, as verified by a licensed physician and forces the employee to exhaust all leave time accumulated by that employee, thereby resulting in the loss of compensation from the school district for the employee.

Employee: _____ **or,**

Immediate Family Member _____ **(spouse, parent, stepparent, sibling, child, or stepchild)**

Relationship_____

Please have your treating physician complete the following:

_____ **is currently under my care for a catastrophic injury or illness.**
(Employee Name)

Beginning date of the catastrophic injury or illness: _____.

Description of catastrophic injury or illness: (Please write legibly)

_____

_____

_____

_____

_____

_____

Prognosis for recovery: (Please write legibly)

_____

_____

_____

_____

_____

_____

Anticipated date that the employee will return to work: _____

Physician Printed Name/Address: _____ **Telephone:** _____
Print Name

_____

_____

Physician Signature_____ **Date:** _____

This form needs to be completed and sent back to Kristi Pitts within 7 days by the employee.
Please scan it and email it to kri521@rcsd.ms