MEDICAL REPORT

Individuals requesting a PAT Study Leave of Absence must include this Medical Report with their Study Leave Application. A duly licensed physician who is able to attest to the unit member's satisfactory, current (within the last 6 months) health status must complete this Medical Report.

Dr. _____

Address: _____

_____

_____

City State Zip

_____

Phone

I have made a recent (within the last 3 months) physical examination of this patient, and based on my findings and other information available to me, it is my medical opinion that:

There is ☐ or is not ☐ a health-related reason to limit this person from taking a study leave of absence.

Comments: _____

_____

_____

Physician's Signature

_____

Date

Authorization:

Please furnish my employer, Portland Public Schools, with your medical opinion regarding my health. You are authorized to release medical information in your possession to a physician designated by my employer should that be requested. Your response will be used as documentation for my request for a leave from my duties as a _____.

(position)

Employee Name and Employee ID #: _____

Employee's Signature: _____

Date: _____