Medical Certificate
Request for Partial Medical Leave

To the Physician:

_____ has been asked to provide a Medical Certificate explaining the reasons for the need for partial medical leave from _____ to _____.

Employee's Authorization for Release of Information

I, _____ hereby authorize my physician to complete this Physician's Statement and to release this Medical Certificate to my employer. The guidelines of the College of Physicians and Surgeons are attached.

Employee's Signature_____
Date_____

Physician's Statement

Confirmation of Reasons for *Partial* Medical Leave

1. Following examination, I certify that the above mentioned person, while medically unable to work his/her full assignment, is capable of working part time on the following time basis:

   _____
   _____
   _____

2. I certify that the above mentioned person requires a partial medical leave due to:

   _____
   _____
   _____

3. Course of Treatment:

   a. Has this person been prescribed a course of treatment for the medical condition rendering him/her unable to work his/her full assignment?

   _____
   _____
   _____

   b. If no course of treatment has been prescribed, has a course of treatment been recommended for this person to follow related to the medical condition rendering him/her unable to work his/her full assignment?

   _____
   _____
   _____

   c. If a course of treatment has been prescribed or recommended, has this person followed the prescribed or recommended course of treatment?

   _____
   _____
   _____

   d. Has this person been referred to a medical specialist?

   Yes _____ No _____

4. This illness/injury will prevent this person from working their full assignment because:

   _____
   _____
   _____
   _____

5. He/she was seen by me regarding this illness/injury on _____.

6. What medical follow-ups, if any, are occurring related to this illness/injury?

   _____
   _____
   _____
   _____

7. I estimate that this person will be able to return to their full teaching assignment on _____.

8. Are there ways to address the medical cause of this person's application for partial medical leave by alterations to this person's assignment other than a reduced teaching load?

_____
_____
_____
_____
_____
_____

9. For informational purposes, this is to make you aware of the availability for employees of the Employee and Family Assistance Program (EFAP).

Name of Attending Physician (please print)

Address _____ Postal Code_____

Phone_____
Date_____

Signature _____

The information in this report is considered confidential. Any charge for completion of this form is the responsibility of the claimant.