

GORE BOARD OF EDUCATION POLICY

DECA-E5-EMPLOYEE
MEDICAL STATEMENT OF
SERIOUS ILLNESS

MEDICAL CERTIFICATION STATEMENT (EMPLOYEE'S OWN SERIOUS ILLNESS)

Name of Employee: _____

Date condition began: _____

Estimate of probable duration of the condition: _____

Diagnosis of the serious health condition: _____

Statement of the regimen of treatment prescribed for the condition (including estimated number of visits, nature, frequency, and duration of treatment; treatment by other providers; and whether in-patient hospitalization is required):

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

Is the employee unable to perform work of any kind?

Yes

No

If the answer is yes, please explain:

Is the employee unable to perform the essential functions of his/her job?

Yes

No

If yes, please explain: _____

Date: _____ Signature of Healthcare Provider: _____

Type of Medical Practice: _____

Specialization, if any: _____

Office Telephone Number: _____

MEDICAL RELEASE

I authorize the release of any medical information, necessary to process my leave request, by my physician or other healthcare provider to the Gore school district.

Date: _____ Patient's Signature: _____