CONFIDENTIAL MEDICAL DOCUMENTATION

Examining Physician: Please provide the following medical information clearly in layman's terms, including as much detail as possible. (Please refrain from technical terms).

Patient's Name: _____

PART I – CURRENT EVALUATION, ANALYSIS AND TREATMENT

1. Medical reason leave is needed:

2. Nature of medical emergency:

3. Anticipated duration (start and end dates) of medical emergency:

4. If medical emergency is intermittent, describe duration and frequency:

5. Medical Code(s):

_____

PART II – CERTIFICATION

I certify that the absence or treatment noted above is necessary to return the patient to a healthy condition or to accommodate his/her medical condition. **The patient is unable to work, because of the reasons stated in Part I of this application.** This certification may also apply to caring for a family member. An appropriate family member may apply on behalf of an incapacitated family member.

_____

Physician's Name (Signature) Date

_____

Physician's Name (Typed or Printed) Specialty –Title

_____

Physician's Address Phone Number

(Note: Please stamp with physician/office stamp.) 8/11/14