

MANSFIELD INDEPENDENT SCHOOL DISTRICT
Sick Leave Bank (SLB)

Physician's Statement of Medical Condition
(Must be filled out completely)

Employee's Name: _____

Employee's Mailing Address: _____

Patient's Name _____ *(if different from Employee)*

Patient's Date of Birth: _____ *and Gender: MALE Female*

Physician's STATEMENT of MEDICAL CONDITION is as follows:

Diagnosis or nature of illness or injury (using lay language) is:

_____.

Date of original diagnosis or treatment for this particular illness/injury is: _____

Patient was hospitalized on _____ *date and discharged on* _____ *date.*

Employee is unable to work beginning _____ *date.*

Employee may return to work on _____ *date.*

Employee will be having follow-up treatments (and will not be able to work on or about those treatment days) *YES; frequency* _____
No

Comments by the physician that may help explain circumstances preventing the employee from continuing to or returning to work:

Physician's Name: _____

Business Address: _____

Contact Phone Number: _____

Physician's signature: _____

This form, completely filled out, should be sent to:

MISD Sick Leave Bank
ATTN: Shelley Trammell, Chairperson
605 E. Broad Street, Mansfield, TX 76063
Or, fax to 817-473-5330