

GLADEWATER ISD
500 WEST QUITMAN, GLADEWATER, TX 75647
PH# 903-845-6991: FAX 903-845-6994
CATASTROPHIC SICK LEAVE ATTENDING PHYSICIAN'S STATEMENT

EMPLOYEE INFORMATION* (to be completed by the employee).

Complete the Employee Information portion below. The attending physician must fully complete the remainder of the form. A request for catastrophic sick leave days will **not** be considered until the **Attending Physician's Statement** is received.

Employee Name: _____

Campus/Dept.: _____ Date: _____

Patient's Name: _____ Relationship: _____

MEDICAL CERTIFICATION* (to be completed by the attending physician)

Please complete the following information regarding the patient named above.

Describe illness or injury in lay terms: _____

Date of diagnosis: ____/____/____

Check all that apply:

The patient's illness, injury, or condition: is life threatening requires in-patient hospitalization, or prolonged recovery, or is expected to result in disability or death.

Explain the short-term prognosis: _____

Explain the long-term prognosis: _____

Dates of treatment: ____/____/____ End: ____/____/____

Is patient still under your care? Yes No

Hospitalization:

Name and address of hospital: _____

Date admitted: ____/____/____ Date discharged: ____/____/____

Name of attending physician: _____

Address: _____

Phone: _____ Fax: _____

I certify that the information given on this Attending Physician's Statement is accurate and true.

Physician's Signature: _____ Date: _____

*** GINA NONDISCLOSURE NOTICE:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.