THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

SICK LEAVE BANK REQUEST – PHYSICIAN FORM

Physician: The Osceola County School District employee identified on this form has requested sick leave to be charged to the district's Sick Leave Bank. It is imperative that your office respond to the following items concerning the individual's illness, accident, or injury so that we may process their request. A failure to fully answer any section below will result in a delay in the processing of this request for Sick Leave Bank days.

Patient Name: _____ Patient D.O.B.: _____

PHYSICIAN INFORMATION

Physician Name: _____Specialty: _____

Business Address: _____

Phone Number: _____

INFORMATION REGARDING ILLNESS, ACCIDENT, OR INJURY (TO BE COMPLETED BY PHYSICIAN)

Please indicate the primary diagnosis, prescribed medication, frequency of treatment, restrictions and/or patient's limitations because of this illness or injury:

_____

_____

Please indicate the date of:

Onset of Condition: _____ Initial Treatment of Condition: _____

Surgery: _____ Is the surgery elective? ☐ Yes ☐ No

Hospitalization From: _____ To: _____

In the event of an operation, is it absolutely necessary and could not reasonably be delayed until a break in the employee's duty schedule? ☐ Yes ☐ No

INFORMATION REGARDING CONDITION (TO BE COMPLETED BY PHYSICIAN)

Is the patient: ☐ Temporarily totally physically disabled ☐ Totally physically disabled ☐ Neither

Please check all essential daily living activities which the patient is unable to perform:

☐ Grooming and hygiene ☐ Eating and Drinking ☐ Shopping, transportation

☐ Walking and transferring ☐ Housekeeping, laundry ☐ Meal preparation and cleanup

☐ Toileting and incontinence ☐ Maintaining residence, i.e., paying bills, using telephone

When will this patient be medically able to return to work? _____

If the Return-to-Work date is undetermined, when is the next scheduled office visit? _____

_____ _____

Signature of Physician Date

Please email the completed form to SickBank@osceolaschools.net or send via fax to 407-870-4086.