



## CATASTROPHIC LEAVE ATTENDING PHYSICIAN'S STATEMENT

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

### Employee Information:

Employee Name: \_\_\_\_\_ SS Number: \_\_\_\_\_

Campus/Dept. \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Relationship to LISD Employee: \_\_\_\_\_

### Attending Physician:

Please complete the following information regarding the patient named above. Describe illness or injury in detailed, lay terms: \_\_\_\_\_

\_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Is the patient's illness, injury, or condition life threatening? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Attending Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Explain the short-term prognosis: \_\_\_\_\_

\_\_\_\_\_

Explain the long-term prognosis: \_\_\_\_\_

\_\_\_\_\_

Dates of treatment: \_\_\_\_\_ Is patient still under your care? \_\_\_\_\_

### Hospitalization:

Name and address of hospital: \_\_\_\_\_

\_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_ Is this condition due to pregnancy? \_\_\_\_\_

### Answer Only if the Patient is a Lindale ISD Employee:

As you understand this patient's job responsibilities, and based on your professional assessment of the patient's current condition, can you recommend this person to return to work at this time to perform his/her regular job assignment? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is no, what is the anticipated date of return to work? \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return the completed Attending Physician's Statement to Lindale ISD + Attn: Human Resources Department 505 Pierce St. \* Lindale, TX 75771 \* Fax (903) 881-4002***

**For HR Department Use Only**

Yes \_\_\_\_\_ No \_\_\_\_\_

Date Received \_\_\_\_\_