



**LEON COUNTY SCHOOL BOARD  
SICK LEAVE BANK  
PHYSICIAN'S STATEMENT**

Applicant: \_\_\_\_\_ Work Location: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Practice (Field of Specialization, if any): \_\_\_\_\_

- Describe the nature of the illness, accident, or injury: \_\_\_\_\_  
\_\_\_\_\_

- Does the illness, accident or injury described disable the patient and prevent performance of their specified job duties? (a copy of job description is attached) Yes \_\_\_\_\_ No \_\_\_\_\_

- Can the patient return to work with restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please recommend restrictions or accommodations: \_\_\_\_\_  
\_\_\_\_\_

- Estimated date of return to work: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date