



**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