

Prosper Independent School District Physician's Statement

Date _____

Name of Patient _____

Name of Prosper ISD Employee _____
(If different from the name of employee)

An attending physician's statement must accompany a request for additional leave days for a medical condition of the employee or the employee's immediate family member that necessitates a prolonged absence from duty, which could result in a substantial loss of income because the employee will have exhausted all paid leave apart from the leave bank as defined in Prosper ISD Board Policy DEC(LOCAL).

Please complete all of the following information regarding the patient named above.

Describe the illness or injury in lay terms:

Short-term prognosis: _____

Long-term prognosis: _____

Date of diagnosis: _____

Dates of treatment: _____ Anticipated end date: _____

Is the patient still under your care? Yes No

For what period of time will the patient be unable to work? _____

If request is for immediate family member, period of time employee is needed for care? _____

Anticipated days, if any, for follow up treatments or therapies after initial release to return?

Date patient (or employee, if caring for immediate family member) can return to work: _____

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

Printed name of physician: _____

Address: _____

Phone: _____ Fax: _____

Signature

Date

Please return form to Carolin Causey, Leave Specialist Fax 469-219-2022 / chcausey@prosper-isd.net

Please note: 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.