



12 Taft Court | Rockville, MD 20850 | Telephone: 301.294.6232 | www.mceanea.org

Sick Leave Bank Physician's Statement

Please attach form to [SLB Request Form](#)

THIS SECTION IS TO BE COMPLETED BY PATIENT

Patient's Name: _____ Work Location: _____

Home Address: _____ Home/Cell #: _____

_____ Employee ID #: _____

Authorization to Release Information: I hereby authorize the undersigned physician to release to the Sick Leave Bank Committee any information in respect to this claim.

Signature: _____ Date: _____

1. What was the first day of absence from work due to this illness, injury, or disability?

Month _____ Day _____ Year _____

2. Have you ever had the same or similar condition? Yes No If "yes", state when and briefly describe:

3. Is this condition due to injury or sickness arising out of your employment? Yes No

If "yes", briefly describe:

This leave consists of days contributed by MCPS employees, and may be used for extended illness, injury, or disability only by the contributing member.

THIS SECTION IS TO BE COMPLETED BY PHYSICIAN

1. What type of ailment: Physical Psychiatric Maternity
2. Nature of Disability: _____
3. Symptoms: _____

4. Clinical findings (e.g., x-rays, lab data): _____
5. Specify treatment plan (e.g., surgery, therapy, medication): _____

6. Has the patient been hospitalized or received residential treatment for condition? Yes No
If "yes", state when and briefly describe: _____
7. Anticipated date of return (**MUST BE COMPLETED**): Month _____ Day _____ Year _____
8. For maternity related disabilities, please complete the following:
 - a. Date of delivery: _____
 - b. Type of delivery: _____
(Verification of C-section birth must be provided AFTER delivery)
 - c. Specify complications: _____
9. What are the patient's job limitations? _____
 - a. Temporary or permanent? _____
 - b. None, slight, moderate, severe? _____

_____	_____		
Name of Practice	Phone		
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	
Physician's Name (please print clearly)	Signature	Date	