



SONORA INDEPENDENT SCHOOL DISTRICT

807 SOUTH CONCHO * SONORA, TEXAS 76950
325/387-6940 * FAX: 325/387-5090

Certification of Medical Condition Application to Establish Sick Leave Pool

Statement from Employee to Licensed Medical Practitioner

I am making application for establishment of a sick leave pool to Sonora Independent School District because of my illness or injury. I authorize any licensed medical practitioner who examines me to release the information from the examination report and other pertinent facts concerning my condition to appropriate Sonora ISD representatives.

Signature of Patient/Designated Representative

Date

Name of Patient _____

Instructions for the Licensed Medical Practitioner

Sonora ISD will establish a sick leave pool for catastrophic illness or disability, as defined by District Policy, as a life-threatening illness or disability requiring medical treatment or medical care. Your patient, listed above, has applied to establish the Sick Leave Pool for benefits. This Certification of Medical Condition is crucial in making the determination if the request meets the definition of catastrophic illness or disability. Your careful response to each question below would be greatly appreciated.

Licensed Medical Practitioner's Name: _____

Name of Medical Practice (if appropriate): _____

Mailing Address: _____

City: _____ State/Zip: _____

Phone: () _____

Date you first examined patient for this condition: _____

Please provide information about the nature of the illness or disability, a recap of all relevant medical history, the type of treatment prescribed, and a prognosis for recovery and ability to return to work:

How does the patient's condition qualify as a catastrophic (as previously defined)?

Please state Specific Medical Restriction:

Anticipated date patient will be able to return to work:

Limited Duty _____ Full Duty _____

Licensed Medical Practitioner's Signature

Date