



# Physician's Certificate

**INSTRUCTIONS:**

**Notice to Employee:** Complete Section 1 before you give this form to your physician. The completed form should be returned to the Business Services Center (BSC) Benefits Unit.

**For Family Medical Leave** – Complete Section 3 on page two of this form.

**Notice to Physician:** The BSC Benefits Unit requires a physician's statement for employee injury/illness or family medical leave covering the employee's inability to work while charging accruals. This may serve as a basis for paying the employee while absent. This is also needed as a basis for placing an employee on sick leave at half pay or sick leave no pay status. Employees may be required to provide a new certificate **every four weeks** during extended periods of illness.

**Section 1 — To be Completed by Employee**

Employee Name (First, Middle, Last, Suffix)		Employee's Title		
Agency				
Employee Contact Email Address		Work Phone Number	Home Phone Number	Mobile Phone Number
Reason(s) for Certificate				
Absent more than 4 days for illness/injury Family Sick Leave		Sick Leave Half Pay/No Pay Return to Work		Workers' Compensation Other:
Patient's Name (if different)			Relationship to Patient	

**Section 2 — Physician's Statement**

**For family member illness, please complete Section 4 on the next page.**

Diagnoses (if applicable)
Remarks (include referral to other provider of health services)

Work-related Injury/Illness    Yes    No    Was hospitalization required?    Yes    No

Enter dates for the injury/illness covered by this certificate.		Complete the next three items for employee illness or Injury.			
Date of Injury or Onset of Illness		Date Employee Became Unable to Work		Estimated Actual	
Date of Child Birth (if applicable)		Return to Work Date			
Date of Most Recent/Current Visit		Date Employee is Available to Return to Work on Full Duty Status			
Next Medical Appointment					
Physician's Signature		Print Physician's Name		Date Prepared	
Street Address		City	State	Zip Code	Phone Number

**Section 3 – To be Completed by Employee Needing Family Sick Leave While Charging Accruals or Being Placed on Family Sick Leave No Pay Status**

When Family Leave is needed to care for an ill family member, the employee needs to state below the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule. The employee may charge up to 15 calendar days per year to sick leave for family sick leave. Further absences are charged to other leave categories.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Section 4 – Physician’s Statement – Family Member**

**FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE’S SERIOUSLY ILL FAMILY MEMBER, COMPLETE THE ITEMS BELOW AS THEY APPLY TO THE FAMILY MEMBER.**

Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?      Yes      No

After review of the employee’s signed statement in Section 3, is the employee’s presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.)      Yes      No

Estimate the period of time care is needed or the employee’s presence would be beneficial:

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date