

# ATTENDING PHYSICIAN'S STATEMENT

(To Be Completed by Physician)

For use in reviewing employee request for CATASTROPHIC ILLNESS LEAVE

The patient is responsible for completion of this form without expense to the District.  
**IMPORTANT: Items 7 and/or 8, if applicable, must be completed on reverse side.**

Name of Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr.

Address \_\_\_\_\_  
No. Street City State Zip Code

Name of Employer ROCHESTER CITY SCHOOL DISTRICT Health Insurance Group/Policy No. \_\_\_\_\_

## 1 HISTORY

- (a) When did symptoms first appear or accident happen? Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (b) When did patient cease work because of disability? Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (c) Has patient ever had same or similar condition?  Yes  No  
If "Yes" state when and describe. \_\_\_\_\_
- (d) Is condition due to injury or sickness arising out of patient's employment?  Yes  No  Unknown
- (e) Names and addresses of other treating physicians? \_\_\_\_\_

## 2 DIAGNOSIS (Including any complications)

- (a) Date of last examination: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (b) Diagnosis (including any complications): \_\_\_\_\_
- (c) Subjective symptoms: \_\_\_\_\_
- (d) Objective findings (including diagnosis of current X-rays, EKG's, Laboratory Data and any clinical findings):  
\_\_\_\_\_  
\_\_\_\_\_

## 3 DATES OF TREATMENT

- (a) Date of first visit: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (b) Date of last visit: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (c) Frequency:  Weekly  Monthly  Other  Specify

## 4 NATURE OF TREATMENT (Including surgery, physical therapy, counseling, and medications prescribed, if any.)

## 5 PROGRESS

- (a) Has patient  Recovered?  Improved?  Stabilized?  Retrogressed?
- (b) Is patient  Ambulatory?  House Confined?  Bed Confined?  Hospital Confined?
- (c) Has patient been hospital confined?  Yes  No If "Yes" give name and address of hospital.  
\_\_\_\_\_ Confined from \_\_\_\_\_ through \_\_\_\_\_

(over)

