

HUMAN RESOURCE**VERIFICATION FOR SICK LEAVE PHYSICIAN CERTIFICATE**

Patient's Name _____

Date of Examination _____

Examination made at ☐ Office ☐ Hospital ☐ HomePatient was ☐ Under my professional care
☐ Hospitalized

Dates From _____ To _____

Return to Work Date _____

Signature of Physician_____
Address of Physician_____
Phone

NOTE: For extended periods of leave for medical reasons, family medical leave or while on medical leave of absence without pay, a physician's certificate confirming the necessity for the employee's continued leave must be submitted on or before the first day of each month. The physician's certificate must be completed and signed by the physician.

REGULATION REVIEWED: June 9, 2014**REGULATION ADOPTED:** July 11, 1994**OHIO COUNTY BOARD OF EDUCATION**