



A Union of Professionals

## USCEA~AFT Physician's Medical Report

(\*Information provided will assist the employee to qualify for use of the USCEA~AFT Sick Leave Bank.)

Patient's Name \_\_\_\_\_

Explanation of illness, surgery, disorder, accident or patient's circumstances (use this space or attach a separate letter):

Is the patient able to work during this time?  Yes  No

If not, please indicate the time away from work:

From \_\_\_\_\_ To \_\_\_\_\_

If surgery is required, does the condition necessitate the surgery at this time during the school year?  Yes  No

If yes, briefly explain why:

I am willing to discuss any problems and answers questions that the Sick Bank Review Board may have concerning this case.

Yes  No

Physician's Name (Please print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Telephone \_\_\_\_\_

### EMPLOYEE MUST RETURN FORM TO:

*Kristen Rauber, c/o Eisenhower Elementary School, 100  
Warwick Drive, Pittsburgh, PA 15241*