

WEST BATON ROUGE PARISH SCHOOL SYSTEM

Request for Sick Leave and/or Extended Sick Leave* and/or Family and Medical Leave

***Extended Sick Leave taken for Immediate Family Members for employees other than teachers and bus drivers shall be considered Family and Medical Leave**

MEDICAL CERTIFICATION FORM – IMMEDIATE FAMILY MEMBER AS PATIENT

TO BE COMPLETED BY EMPLOYEE

Employee Name _____ Date _____

Work Location _____ SSN _____

Patient's Name _____ Your Relationship to Patient _____

Estimated number of sick days requested _____

Estimated number of extended sick leave days requested _____

Effective _____

Employee's Signature _____ Date _____

TO BE COMPLETED BY LICENSED PHYSICIAN

Please state the condition which requires the patient to be assisted by our **EMPLOYEE**.

As a licensed physician, please state how and/or why our **EMPLOYEE** must assist the patient.

Describe the regimen of treatment to be prescribed indicating the number of visits, general nature and duration of treatment to include referrals to other health care providers.

Is it **medically necessary** for our **EMPLOYEE** to assist the patient? YES NO

Beginning Date _____ Ending Date _____

Any Additional Comments

ORIGINAL SIGNATURE REQUIRED

I hereby sign this sworn statement that the information provided above is true and correct, subject to the provisions of Louisiana Revised Statute §14:125.

Physician's Name _____ Phone Number _____

Physician's Signature _____ Date _____

RETURN COMPLETED AND SIGNED MEDICAL CERTIFICATE TO:

WBR Parish School System
Human Resources Department
3761 Rosedale Road
Port Allen, LA 70767