

Cameron Parish School Board
510 Marshall Street
Cameron, LA 70631
Phone: (337) 775-5784 Fax: (337) 775-5097

MEDICAL CERTIFICATION
REQUIRED FOR EMPLOYEES REQUESTING EXTENDED LEAVE OR SABBATICAL

**To be completed by physician and mailed or faxed back to the
address/fax number above by physician's office, not by employee.**

All records regarding medical certification, like all other employee medical records, will be treated as confidential.
All statements are provided under the penalty for false swearing pursuant to LSA-R.S. 14:125.

PATIENT NAME: _____ DATE OF LAST APPOINTMENT: _____

1. Has the patient suffered a catastrophic illness or injury, which means a life-threatening, chronic, or incapacitating condition? ___ Yes ___ No
2. If yes, specifically describe the catastrophic illness or injury.

3. When was the catastrophic illness or injury first diagnosed? _____
4. How is it being treated?

5. Date of last treatment? _____
6. Date of next scheduled treatment? _____
7. How long is the catastrophic illness or injury expected to last prior to the employee returning to work with no restrictions? _____

I, the undersigned physician, hereby swear or affirm that I am a physician licensed under the laws of the State of Louisiana. I further certify under penalty of criminal prosecution for false swearing that I have examined the herein named patient and that all of the information provided above is true and correct to the best of my knowledge, information, and belief.

Physician's Name and Address: _____

Physician's Signature: _____ Date: _____

To be completed by the employee prior to providing to physician.

Employee Name _____ Occupation _____

Address: _____
P.O. Box/Street City State Zip Code

I authorize the release of my medical information to the Cameron Parish School System, payroll Department.

Employee Signature

Date Signed