



Sick Leave Pool Physician's Statement
Bloomington Independent School District
P.O. Box 158, Bloomington, Texas 77951
361.333.8016 * FAX: 361.333.8017

Bloomington Independent School District has a Catastrophic Sick Leave Pool to provide a potential source of sick leave for those employees who have experienced a catastrophic illness or injury. "Catastrophic illness or injury" shall mean life-threatening illness or disability requiring medical treatment or medical care of an employee and requires the services of a licensed physician.

NOTE: Elective surgery and routine maternity leave does not qualify for leave from the sick pool.

Part I. Patient's Information

Name: _____

Date of Birth: _____

Brief description of illness or injury:

Dates of hospitalization: _____

Date that injury or illness will prevent the patient from working: _____

Date patient may return to work: _____

Additional comments: _____

Part II. Physician's Information

Physician's Name: _____

Physician's Phone Number: _____

I certify that the above named patient is experiencing a catastrophic illness or injury and the information herein is accurate and true.

Signature of Physician

Date

***Please return this form to Bloomington ISD at the address or FAX as noted above.**