

Certification of Attending Doctor

To the **Human Resources Office**

1. Please state in layperson's terms the **medical facts** describing the patient's health condition. Include in a brief narrative the **history** of the condition, the **date** the condition commenced or was diagnosed, and its **cause** if this is not apparent from the description of the condition.

2. What is the probable duration of the patient's present **incapacity**?

3. If the patient will be absent from work on an **intermittent** or **part-time** basis because of the condition, please estimate the probable number of treatments, the intervals between such treatments (including dates, if known), and the period required for recovery, if any:

4. a. Is the patient **able to perform** any of the responsibilities identified in the attached job description?

- b. If so, please indicate which responsibilities can be performed with or without limitations?

Signature of attending doctor

Date

Telephone number

Printed name of attending doctor

Type of practice

Address

City, State, Zip

¹An "attending doctor" is a doctor of medicine or osteopathy.