Physician's Report for Extended Sick Leave

Patient Information

Full Name

_____

Date of Birth

_____

Patient ID / File Number

_____

Address

_____

Telephone

_____

Medical Assessment

Date Examination Conducted

_____

Nature of Illness / Diagnosis (optional: use layman terms)

_____

Onset Date of Condition

_____

Is the illness/injury work related?

_____

Ability to Perform Work-Related Duties

_____

Date patient became unable to work

_____

Anticipated date of return

Recommended accommodations or restrictions (if any)

Additional notes/comments:

Physician Details

Name

Medical License #

Address

Telephone

Date

Signature