

**PHYSICIAN'S STATEMENT FOR  
ABSENCE DUE TO MEDICAL REASONS  
(INCLUDING PSYCHOLOGICAL & MATERNITY)**

**TO BE COMPLETED BY MD/NP/PA ONLY**

**SEND TO:** DIRECTOR, HEALTH SERVICES, 725 Harrison St., Syracuse, NY 13210  
Phone: 435-4145; Fax: 435-4859

This is to certify that I have examined \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Name: First Init. Maiden Last*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Job Title School Department Employee ID # Home Phone # Cell Phone #*

on \_\_\_\_\_, 20 \_\_\_\_ for \_\_\_\_\_, and find that, in my opinion, this  
*Date Diagnosis (REQUIRED)*

person is physically and/or emotionally unable to return to active duty in the Syracuse City School System.

Workers' Compensation:  YES  NO Claim # \_\_\_\_\_

**Date of onset of absence:** \_\_\_\_\_, 20 \_\_\_\_

**\*Estimate duration of sick time required:**  
(PLEASE ESTIMATE RATHER THAN USE "UNKNOWN") \_\_\_\_\_

Comments: \_\_\_\_\_

**FOR USE OF HEALTH SERVICES DIRECTOR ONLY**

Absence commenced on \_\_\_\_\_  
Comments: \_\_\_\_\_

Approved  Disapproved

\_\_\_\_\_  
Signature/Health Services Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Physician's Stamped Name*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Address/Street and Number*

\_\_\_\_\_  
*City/State/Zip Code*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Date*

\* It is the policy of the Syracuse City School District to grant sick leave benefits during periods of maternity or personal illness disability in an amount equal to, but not exceeding, unused accumulated sick leave for the period of actual physical disability and not for any additional time off which is a matter of convenience or family or personal preference. The District reserves the right to evaluate the recommendations and conclusions of an employee's private physician, and also has the sole and exclusive discretion to determine the legitimacy of each claim processed.

**I hereby authorize \_\_\_\_\_ to disclose the health information described above to  
Medical Director, SCSD, 725 Harrison Street, Syracuse, NY 13210**

\_\_\_\_\_  
*Employee Signature* \_\_\_\_\_  
*Date*