



Shawnee Public Schools

Sick Leave Sharing Program Certification of Health Care Provider

1. Employee Name

2. Patient Name (*If different from Employee*)

3. Does the patient's condition qualify as "extraordinary or severe" as defined at the bottom of this page?

4. Describe the medical facts which to support your certification.

5. State the approximate date the condition commenced, and the probable duration of the condition or the probable duration of the patient's present incapacity resulting from the condition.

6. If the condition is a chronic condition or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.

7. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments. Will it be necessary for the employee to be absent from work for treatment?

- **Extraordinary or severe** means a serious, extreme or life-threatening injury, illness, impairment or physical or mental condition documented as such by a physician, including temporary disability of the employee resulting from pregnancy, miscarriage, childbirth and recovery there from.

(Signature of Healthcare Provider)

(Type of Practice)

(Address)

(City/St)

(Zip)

(Telephone Number)