



**MONTGOMERY COUNTY PUBLIC SCHOOLS
HUMAN RESOURCES DEPARTMENT
CERTIFICATION OF PHYSICIAN OR PRACTITIONER**

200 Junkin Street
Christiansburg, VA 24073
(540) 382-5100
fax # (540) 382-5106

When Family Medical Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule.

EMPLOYEE NAME _____

PATIENT'S NAME (If other than employee) _____

Diagnosis:

Date condition commenced: _____

Probable duration of condition: _____

Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):

- a. By a physician or practitioner:

- b. By another provider of health services, if referred by physician or practitioner:

Check yes or no as appropriate:

Is inpatient hospitalization of the family member (patient) required? Yes _____ No _____

Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? Yes _____ No _____

After review of employee's signed statement below, is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) Yes _____ No _____

Estimate the period of time care is needed or the employee's presence would be beneficial.

Employee's signature

Date

Signature of Physician or Practitioner

Date

Type of Practice (field of specialization, if any)