Jasper County Charter System Sick Leave Bank Medical Certification

<u>Definition of catastrophic illness</u>: A serious illness, disease or injury which results in a detrimental effect on an employee's pursuit of his/her vocation. In order to be considered catastrophic any illness, disease or injury must result in the employee's absence for a period of not less than twenty (20) consecutive days.

IDENTIFICATION OF HEALTH CARE PROVIDER	
Physician's Name	
Address	
City, State	Zip Code
Telephone Number	License Number
	EMPLOYEE DISABILITY
Employee Name	
Date The Disability Commenced	Probable Duration or Ending Date
	n that makes the employee unable to perform the essential oyment. Attach additional page(s) if necessary:
Ω	CARE OF FAMILY MEMBER
Name of Family Member	Relationship to Employee
Date(s) employee presence necessary for	family membe from to Beginning Date Ending Date
Describe the serious health condition	n of family member. Attach additional page(s) if necessary:

Signature of Health Care Provider

Date of Health Care Provider's Signature