Roane State Community College Sick Leave Bank
Physician/Surgeon Statement

Patient name: ________________________________________________________________

The following information is to be provided by the attending physician. (Please **print** or **type** in legible layman terms.)

Treatment: ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Date of surgery or emergency treatment: ______________

Date of follow-up appointment: ______________

Expected duration of disability: _____________________________________________

Prognosis: ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Estimated date of return to work: ___________________

Is this treatment/surgery due to a recurring condition? Yes _____No_____

* Is this treatment/surgery considered elective? Yes _____No_____

*(See page two for definition, as pertains to the RSCC Sick Leave Bank policy.)

Please use this space for additional comments. ____________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

________________________________________________________  _____________
Employee (or SLB Chairman) Signature                                                                                Date

Print Physician/Surgeon Name: __________________________________________________________

Name of Practice: __________________________________ Phone # ______________________

________________________________________________________      _____________
Physician/Surgeon Signature                                                                                   Date

Revised 08/08
ATTN: Attending Physician

The purpose of the Roane State Community College Sick Leave Bank is to provide emergency sick leave to members of the bank who have suffered an unplanned personal illness, injury, disability, or quarantine and who have exhausted their personal sick, annual and compensatory leave.

Elective surgery*

* For purposes of the Sick Leave Bank, elective surgery is defined as a planned, non-emergency procedure. Elective surgery may extend life or improve the quality of life and may even be required, such as in the case of an angioplasty. However, if the surgery can be scheduled in advance, whether at the patient's or surgeon's convenience, rather than needing to be performed immediately, it is considered elective.