

PERRY COUNTY SCHOOL DISTRICT
100-B 8th Ave. ♦ New Augusta, MS 39462 ♦ (601) 964-3211
Donated Leave – Certification by Physician (FORM B)

Please complete the information below for your patient.

1. _____
Physician's Name Telephone Number

2. _____
Physician/Health Care Provider's Group Name

3. Address _____

4. Recipient's Name _____

5. Recipient's Address _____

DEFINITION

"Catastrophic Injury or Illness" is defined as a life-threatening injury or illness of an employee or a member of an employee's immediate family (spouse, parent, step-parent, sibling, child or step-child) which totally incapacitates the employee from work, as verified by a licensed physician, and forces the employee to exhaust all leave time earned by that employee, resulting in the loss of compensation from the state for the employee. Conditions that are short-term in nature, including, but not limited to, common illnesses such as influenza and the measles, and common injuries, are not catastrophic. Chronic illnesses or injuries, such as cancer or major surgery, which result in intermittent absences from work and which are long-term in nature and require long recuperation period may be considered catastrophic.

6. In your opinion does the employee/family member meet the "Catastrophic Injury or Illness" definition listed above? _____ Yes _____ No

7. Date Condition Commenced _____

8. Probable Duration/Ending Date _____

9. Prognosis for Recovery _____

10. Date Employee can return to work _____

Describe the health condition, injury, or illness which makes the patient unable to perform the essential functions of his/her position and is considered a catastrophic injury or illness. Attach additional page(s) if necessary.

11. Signature of Physician _____ Date _____