

Kathy Lilley & Laurie Teggelaar
SEA Sick Leave Bank Co-Chairpersons
SPEED SEJA #802 1125 Division Street
Chicago Heights, IL 60411
(708) 481-6100, ext. 4209 or ext. 3609 Fax: (708) 503-4101

SICK LEAVE BANK

CONFIDENTIAL

To the Physician:

Regulations of the Sick Leave Bank of the SPEED Education Association (SEA) stipulate that a physician's statement be furnished **prior to granting any request** for benefits.

I request that the following medical statement be completed by my physician and provided to the SEA Sick Leave Bank Committee Chairperson (see above).

Employee Signature _____ Date _____

STATEMENT OF PHYSICIAN

1. This is to certify that _____
has been under my professional care since (date) _____ and that I diagnosed
his/her condition.

This is a work related injury YES or NO

2. Medical diagnosis in full (attach additional pages if necessary):

3. If due to pregnancy, what is the anticipated date of birth? _____

4. Date of anticipated return to work _____

5. What are the extent and/or nature of physical activity restrictions during this
employee's illness and/or recovery?

6. Additional remarks

Physician's printed name _____ Date _____

Physician's signature _____

Address _____

City _____ State _____ Zip _____

Phone _____