University of Toledo/CWA Local 4530

Leave Recipient Application - Attachment A

Certification of Health Care Provider

(Please Print)

Employee's Name: (Last, First, Middle)	UT Claim #

Sick Leave from the CWA Sick Leave Bank is granted only for the **catastrophic illness** of the employee requesting such Sick Leave. "Catastrophic illness" is defined in the CWA Sick Leave Bank policy as: an illness, injury, impairment, or physical or mental condition regarded as terminal or life threatening that involves: (a) impairment care in a hospital, hospice, residential medical care facility, or in home care; or (b) continuing treatment by a health care provider.

Do you certify that the employee's medical condition qualifies as a catastrophic illness, as defined above?

Yes_____ **No_____**

Please describe the medical facts which support your certification:

Please answer the following:

1. State the approximate date the condition commenced.

2. State the probable duration of the condition.

3. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments.

4. If the patient will be absent from work because of treatment on an intermittent basis, also provide an estimate the interval between such treatments. List actual or estimated dates of treatment if known, and period required for recovery if any.

Name of Physician (*Please print*):	Telephone:
Address:	
Type of Practice:	
Signature of Health Care Provider:	Date: