



VOLUNTARY SICK LEAVE POOL

Medical Certification of Illness/Injury

READ INSTRUCTIONS CAREFULLY

To Employee:

Submit this form to your healthcare provider and ensure it is returned to the Sick Leave Pool Administrator along with the form *Request for Hours from the Sick Leave Pool*.

To Healthcare Provider:

Your patient has requested to use hours from the *Grayson County Voluntary Sick Leave Pool*. Using hours from the pool helps our employees avoid entering a 'no pay' status when they have exhausted standard leave benefits. In order for the Pool Administrator and/or the Review Panel to make a determination your assistance is needed. Please answer the questions below as fully as possible and return the form to your patient. Thank you .

Section A: Employee Information *(for completion by employee.)*

Employee Name: _____ Contact Phone: _____

Supervisor Name: _____ Department: _____ Today's Date: _____

Section B: Healthcare Provider Information *(for completion by healthcare provider.)*

Name: _____ Type of Practice/Medical Specialty: _____

Address: _____ City/State: _____ Zip: _____

Office Phone: _____ Fax or Email: _____

Excerpt from Grayson County Voluntary Sick Leave Pool Policy:

Catastrophic Illness or Injury: A severe condition or combination of conditions affecting the mental or physical health of the employee or the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all earned leave time and thus lose compensation from the County.

There are certain conditions that Grayson County does not consider to be severe enough to designate as 'catastrophic'. While these conditions may be temporarily incapacitating, if they occur with only minor complications or with no major complications, they are determined to be non-catastrophic.

Examples of such conditions not considered 'catastrophic' include, but are not limited to: a broken limb, cold/allergy/pneumonia, hysterectomy with minor or no complications, pregnancy with minor or no complications, elective cosmetic surgeries, unrelated to a serious diagnosis and certain types of surgery with minor or no complications (appendectomy, tonsillectomy, etc). Such conditions typically require two (2) days or less hospitalization and typically require three (3) weeks recovery time.

Examples of conditions that generally are considered to be severe enough to designate as catastrophic include, but are not limited to: a stroke, incapacitating heart attack, cancer, major surgery, seriously complicated pregnancy, seriously complicated hysterectomy, hepatitis, broken hip. Such conditions typically require three (3) days or more hospitalization and typically require at least four (4) weeks recovery time.

MEDICAL FACTS:

1. Date condition commenced: _____ AND Probable duration of condition: _____

2. Describe relevant medical facts, if any, related to the condition that may meet the definition above as a *Catastrophic Illness or Injury*, for which the patient seeks sick leave:

