

PHYSICIAN'S STATEMENT

***TO BE COMPLETED BY APPLICANT**

NAME (As Designated on Contract)

_____ Last _____ First _____ Middle

Social Security Number _____ - _____ - _____

***TO BE COMPLETED BY APPLICANT'S PHYSICIAN**

Diagnosis and Brief Description of Illness in Layman's terms: _____

(A letter with further explanation of diagnosis may be sent with this form.)

If surgery is indicated, please give date of surgery. _____

Is this surgery elective and optional at this time or required for the health of the patient ?
(See back for listing of possible "elective surgery" situations.)

Dates of hospitalization, if applicable _____ through _____ .

Patient has been under my care from _____ to _____ .
M/D/Y M/D/Y

Patient needs to be excused from work from _____ through _____ .
M/D/Y M/D/Y

Date patient will be able to assume full duties _____

PRINT Physician's Name _____

Date Signed _____ Physician's Signature _____

Address _____
Street City/State Zip

Office Phone _____ Office Fax _____

**Physician: Please return the original form to the patient
or submit to: Benefits & Employee Relations
Knox County Schools
P.O. Box 2188
Knoxville, TN 37901-2188
A copy may be faxed to 594-9523.**

The Sick Leave Bank Trustees recognize the following procedures as examples of “elective surgery”:

1. Radial keratotomy and other surgical procedures to correct refraction error(s)
2. Any operation relating to the fitting or wearing of dentures or teeth
3. Cosmetic surgery unless an injury or illness
4. Experimental surgical procedures not yet recognized as acceptable medical practice or which require, but have not received, approval by a federal or other governmental agency
5. Artificial implants and non-human transplants
6. Reversal of sterilization procedures
7. Surgery to change sex and related treatment
8. Services or supplies in connection with artificial insemination, in-vitro fertilization or any procedure intended to create a pregnancy
9. Pregnancy/Caesarean
10. Gastric bypass surgery
11. Surgery that may be postponed, without harm to patient, until the summer break from school duties.

Regulations:

- New members may not use the Bank for the first thirty (30) days of their membership.
- The waiting period for new members with pre-existing conditions is ninety (90) days.
- Sickesses considered to be “common illnesses” are not covered. Examples include but are not limited to: sinus infections, flu, strep throat, and laryngitis.
- The attending physician must sign the physician’s statement and the signature must be an original.
- Fax copies will be accepted to initiate the application; HOWEVER, signed, original forms must be filed in the Certified Employees’ Sick Bank Office. Extensions will not be accepted if the original application is not on file.