

TOWN OF HEMPSTEAD

TO EMPLOYEES:

Under Section 13(f) of the Collective Bargaining Agreement, you are required to have this Examination Report completed by a medical doctor of your choice and at your own cost and expense.

TO PHYSICIAN:

As an employee of the Town of Hempstead, and having been absent from work duties, I am required to undergo a physical examination. Please furnish all required information.

I hereby authorize you to release to the Town of Hempstead all information requested on this form.

Date

Employee's Name (Printed)

Department and Title

Signature

Patient's Name: _____ Date of Examination _____

Patient's Address: _____

Nature of illness or injury: _____

Duration of this illness or injury: _____

Has patient fully recovered at this time? _____

Is continued medication indicated? _____ If yes, can patient fully perform his/her duties (driving, laboring, operating machinery, etc) while on the medication? _____ (If a question exists as to patient's duties, please contact the Department of Human Resources for a copy of patient's job specifications)

Has patient fully recovered at this time and able to return to full duty? _____

Date _____ Physician's Name _____

Physician's Signature (stamp not acceptable)

Address

Tel. No.:

FOR TOWN OF HEMPSTEAD USE ONLY:

Date report received: _____ By: _____

Number of Vacation days used in this occurrence: ____ Is this the first application of 13(f)? ____

If not, how many prior uses? _____ Dates of prior use of 13(f): _____

Verification of Physician's statement by: _____
Name and Title

Date of Verification: _____ Copy of report sent to the Department of Human Resources
on: _____ by: _____
Date Name

This form is to be used for the purposes of Section 13(f) of the CBA concerning the use of vacation time in the absence of available sick time.