



MEDICAL REPORT

Individuals requesting a PAT Study Leave of Absence must include this Medical Report with their Study Leave Application. A duly licensed physician who is able to attest to the unit member's satisfactory health must complete this Medical Report.

Dr. _____

Address: _____

City _____ State _____ Zip _____

Phone _____

I have made a recent (within the last 3 months) physical examination of this patient, and based on my findings and other information available to me, it is my medical opinion that:

There is or is not a health-related reason to limit this person from taking a study leave of absence.

Comments:

Physician's Signature

Date

Authorization:

Please furnish my employer, Portland Public Schools, with your medical opinion regarding my health. You are authorized to release medical information in your possession to a physician designated by my employer should that be requested. Your response will be used as documentation for my request for a leave from my duties as a _____ (position).

Employee's Name and employee ID#:

Employee's Signature: _____

Date: _____