



# Human Resource Services



Certification of Physician is to be used with Forms PSL-F004 and PSL-F007.

12.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	After review of the employee's signed statement (see item 17 below), is the employee's presence necessary, or would it be beneficial for the care of the patient? (This may include psychological comfort.)
13. Estimate the period of time care is needed or the employee's presence would be beneficial:			
_____			
_____			
_____			
_____			
_____			
_____			

14.	Signature of Physician or Practitioner:		
15.	Date:	Phone:	
16.	Type of Practice: (Field of specialization, if any)		

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