

North Orange County Regional Occupational Program

MEDICAL DISABILITY CERTIFICATION

ROP E 4151.1
4251.1
4351.1

NOTE TO EMPLOYEE:

Medical disability certification is required for all absences exceeding five work days and each succeeding thirty days. Please complete Section I and have your physician complete Section II. It is **your responsibility** to insure that the completed form is sent to Human Resources.

SECTION I (To be completed by employee)

NAME _____ TELEPHONE NUMBER (____) _____

ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____

JOB TITLE _____ ADMINISTRATOR _____

DATE DISABILITY BEGAN _____

IF FOR MATERNITY: Expected date of delivery _____

Employee Signature

Date

SECTION II (To be completed by physician)

Based on my examination of _____ I recommend:

Patient's Name

Date

May return to work with no restrictions or limitations: Part-time Full-Time
Date _____ Date _____

The following limitations/restrictions until: _____
Date

Limitations/Restrictions _____

* **Approval to return to work part-time and/or with limitations/restrictions must be approved by the Superintendent.**

Signature: _____ Physician's Name _____
Physician Please Print

Address _____ Telephone Number _____

Medical License # _____

Section III (Approval)

Administrator Date

Director, Human Resources Date

Copy to Payroll _____
Date

Next Form Due _____
Date

HR/Medical Disability Certification 6/96
Revised 10/99
Revised 4/00

INSTRUCTIONS:

Please complete the top portion of the form and have your doctor complete Section II. This completed form must be returned to Human Resources within seven days of your receipt of the attached letter and this form. Other medical forms or releases will not be accepted; **verification must be on the ROP form.** Please call Human Resources if you cannot meet this deadline.

You will need a second form completed just prior to your return. This medical release by the doctor (Section II of the form) should indicate the day you can return.

If you are absent for more than 30 days, you must submit a new form monthly (every 30 days) and a final form right before you return. As stated above, this final form must have the doctor's statement (Section II) completed with the date of your expected return.