

**CITY OF WHITING
MEDICAL CARE VERIFICATION FORM**

Instructions:

This form must be completed in its entirety whenever the employee is required to comply with the City of Whiting Personnel Policy, department work rules or terms of any collective bargaining agreement requesting verification of medical care (doctor's certificate). The employee must complete and sign Section 1 before presenting the form to their physician who must then complete Section 2.

SECTION 1: TO BE COMPLETED BY THE EMPLOYEE

Employee name:

Date(s) of absence(s):

I authorize the release of the information requested on this form to my employer to verify a medical care absence (sick leave) requiring time off from work.

Employee signature:

SECTION 2: TO BE COMPLETED BY THE PHYSICIAN

Physician's name (printed):

Physician's phone number:

Date(s) under Physician's care:

Is this an FMLA covered absence?

If yes, please complete a City of Whiting FMLA Certification form and attach.

The above listed employee was under my medical care for the date(s) listed in Section 2 above for an illness or injury that prevented him/her from performing his normal employment duties:

Physician's signature:

Failure to complete this form in its entirety may result in the loss of medical leave (sick leave) benefits and disciplinary action for the employee.

WARNING:

Submission of a fraudulent or false Medical Care Verification Form is a serious offense and will result in the termination of the employee.