## Knox County Schools Andrew Johnson Building



## CLASSIFIED SICK LEAVE BANK PHYSICIAN STATEMENT

Last	First	Si	ocial Security No	
		ATION TO RELEASE INF	ORMATION	
-	undersigned physician to r n-Certified Sick Leave Ban	elease any information require k.	ed in the course of my ex	amination or treatment to
Date			Applicant's Sign	nature
	The state of the s	COMPLETED BY PHYS	•	
	(Mus	st Be Legible and Fully Compl	eted)	
Original Diagnosis Date	e			
Date of Surgery				
Diagnosis of Illness or	Injury (layman's terms, ple	ase)		
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Please mail the original form to the Sick Leave Bank Office as soon as possible.

Xerox or faxed copies are not acceptable.

Any corrections/changes on form must be initialed by physician.

BO-162 (4/11)