



# Iberville Parish School Board

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## PHYSICIAN'S STATEMENT

THE INFORMATION CONTAINED IN THIS DOCUMENT IS  
EXEMPT FROM THE PUBLIC RECORD LAWS OF THE STATE OF LOUISIANA

**PLEASE PRINT OR TYPE**

Name of patient: \_\_\_\_\_

Exact period for which leave is requested: \_\_\_\_\_

Name and address of physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's phone Number \_\_\_\_\_

Please complete the following request for information by circling the yes or no and providing a brief response if appropriate:

1. Have you examined and/or treated the patient during the past two years? **Yes** **No**

2. Current diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Based on your current diagnosis:

(a) Would this condition be considered within the parameters of a contagious or communicable disease? **Yes** **No**

(b) Would this condition normally cause the patient to be hospitalized?  
**Yes** **No**

(c) Is recuperation from the effects of this diagnosis possible?  
**Yes** **No**

