

Current Diagnosis: (Must be legible and detailed)

Based on the information provided, the diagnosis of the applicant and his/her immediate family member is:		
A. Life Threatening	B. Chronic	C. Incapacitating Condition
ONE OR MORE MUST BE CIRCLED		

The Following Must Be Completed:

List the specific life threatening, chronic, or incapacitating symptoms that the patient is currently experiencing that prevents him/her from returning to work at this time (Attach additional comments/information if necessary).

_____ Physician's Signature (Original Signature Only)	_____ Date
--	----------------------

MAIL THE ORIGINAL FORM DIRECTLY TO:
Iberia Parish School Board- Human Resources
1500 Jane St.
New Iberia, LA 70563

FOR SCHOOL BOARD USE ONLY:

DATES APPROVED BY SUPERINTENDENT OR DESIGNEE:	
Signed:	_____
Date:	_____