

TAAAC Sick Leave Bank — Medical Information Form

Patient Information	To Be Completed by Patient and Returned with Request Form.	
	Patient's Name (Please Print) _____	
	Street Address _____ (City, State, and Zip) _____	
	Authorization to Release Information: I hereby authorize the designated Medical Doctor or Licensed Medical/Psychiatric Caregiver to release to the TAAAC Sick Leave Bank Approval Committee pertinent information from my medical file gathered in the course of my examination or treatment.	
	Patient's Signature _____	Date _____
Medical Doctor or Appropriately Licensed Medical/Psychiatric Caregiver	Name of Medical Doctor or Appropriately Licensed Medical/Psychiatric Caregiver _____ Phone Number _____	
	Address of Medical Doctor or Appropriately Licensed Medical/Psychiatric Caregiver (Street, City, State and Zip) _____	
	To Be Completed by a Medical Doctor or Appropriately Licensed Medical/Psychiatric Caregiver. Please give a clear, complete statement of the medical diagnosis confirming the qualifying condition of the patient and a list of job limitations the condition creates:	
	Treatment provided:	
	Please Complete the Appropriate Section Below	
1 Patient was under my care and disabled: From: _____ Date _____ To: _____ Date _____	Please check one of the following: 2a _____ It appears the patient will be able to return to teaching: _____ (Date) 2b _____ It appears unlikely that this patient will be able to return to this type of employment. NOTE: If you checked 2a, you MUST provide your best estimate of the date the patient will be able to return to teaching.	
Medical Doctor or Appropriately Licensed Medical/Psychiatric Caregiver Date _____ Name _____ Phone No. _____ Signature _____ Address _____		

Please Return To: Teachers Association of Anne Arundel County
2521 Riva Road, Suite L7
Annapolis, Maryland 21401

STOP — No Sick Leave Bank days will be granted without receipt of this completed form.