



HUMAN RESOURCES

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PHYSICIAN'S STATEMENT (SSA)

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

Dutchess BOCES Employee: \_\_\_\_\_

In an effort for the Support Staff Sick Bank Committee to best serve the above referenced Dutchess County BOCES employee under your care, please answer the following questions related to his/her condition:

- 1. What is the nature of the patient's present condition?
2. What are the causes of the patient's present condition?
3. Have you previously treated the patient for this same condition?
4. Will the patient be able to resume the full time duties of his/her current position as an employee with BOCES currently eligible under the Support Staff Sick Leave Bank?
5. What is your estimate of the time required away from work?
6. Will continued medical attention need to be given even after the patient returns to work? If so, what is the nature and duration of this treatment?
7. Please comment on any additional information you believe would be helpful to the Committee in reaching a decision.

I hereby authorize you to give the above information on my behalf.

\_\_\_\_\_  
Patient's Signature          Date

\_\_\_\_\_  
Physician's Signature      Date

Please return this form to:
Human Resources Department, Administration Building
5 BOCES Road
Poughkeepsie, NY 12601