



SYRACUSE CITY SCHOOL DISTRICT

Anthony Q. Davis, Sr., Superintendent of Schools

MEDICAL UPDATE FORM FOR EMPLOYEES EXTENDING OUT OF WORK DUE TO MEDICAL REASONS

Send completed form to healthservices@scsd.us
Mail to Health Services, 725 Harrison St, Syracuse NY 13210
If you have any questions, contact Health Services at 315-435-4145

To be completed by **EMPLOYEE**:

Name: _____ Employee ID#: _____

School/Location: _____ Job Title: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Is this related to a Worker's Compensation Claim: NO YES Claim #: _____

To be completed by **MEDICAL PROVIDER (MD/NP/PA/DO)**:

Original Date Absence to Begin/Began: _____ Estimated Return to Work: _____

Diagnosis (**required**): _____

Reason Employee unable to return to work: _____

Physician's Stamped Name (**required**)

Physician's Phone Number

Physician's Signature

Date



EMPLOYEE ABSENCES

All health information sent to Health Services is maintained confidentially in compliance with HIPAA regulations

If employee is out of work for more than five (5) consecutive days for medical reasons, including maternity, the employee MUST follow this procedure:

- Notify immediate supervisor of any anticipated absence and approximate return to work dates
- Obtain **Out-of-Work Form** from the building secretary or district website (go to Intranet, hover over Departments, go down to Human Resources, hover over the arrow, click Health Services and go to Category: Employee Forms)
- Ask healthcare provider to complete the **Out-of-Work Form**. This form must be brought, sent, or emailed to healthservices@scsd.us. A signed note from a medical provider on office letterhead may also be used.
- If no receipt confirmation is obtained, call Health Services (x4145) to confirm the form was received.
- Absences extended past the date indicated by the medical provider on the **Out-of-Work Form** will require the completion of a **Medical Update Form**.
- If there is no estimated return to work date, a completed **Medical Update Form** is required every six (6) weeks.

Maternity Absences:

- If the employee is going to work up to the date of delivery, their medical provider must enter the **estimated delivery date only**.
- If the employee is taken out of work prior to the delivery date, the provider must fill in the **date of onset of absence** and **estimated delivery date**.
- If the employee is taken out of work due to complications of pregnancy, the provider will need to fill out another **Out-of-Work Form** with complications noted.
- **If the employee is planning on taking a childcare leave following their medical leave, a Return-to-Work Form must be submitted to Health Services prior to the start of their Childcare Leave.**

If an employee is returning to work following an absence of more than five (5) consecutive days, the employee MUST follow this procedure:

- Obtain a **Return-to-Work Form** on the intranet. A signed note from a medical provider on office letterhead may also be used.
- Ask healthcare provider to complete the **Return-to-Work Form**. This form must be brought, sent, or emailed to healthservices@scsd.us **before** the employee can return to work.
- A **Medical Action Form** is generated in Health Services. Health Services will forward the **Medical Action Form** to the employee's administrator, administrator's secretary, and the Payroll Department effectively clearing you to return.
- **If the healthcare provider has indicated ANY restrictions or necessity for the use of assistive devices, Risk Management will confer with the employee's administrator/supervisor and notify the employee regarding their return-to-work placement/accommodations. The employee is NOT to return to the workplace until a decision is made by Risk Management.**