SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, 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

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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 #: _____

Is this related to Maternity: ☐ NO   ☐ YES   Estimated Due Date: _____ ☐ Scheduled C-Section

If yes, are you planning to take FMLA/Extended Childcare Leave?

*If you plan to use FMLA/Extended Childcare Leave **after** your medical clearance date (6-8 weeks), you **must** submit your Return-to-Work Form (medical clearance) **prior to** taking Childcare Leave.*

☐ NO ☐ YES Estimated Return Date: _____

_____

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

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 MEDICAL ABSENCES

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

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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 (Intranet → Departments → Human Resources → Health Services → Employee Forms)
- Ask healthcare provider to complete the *Out-of-Work Form*. This form must be brough, sent, or emailed to healthservices@scsd.us. A signed note from a medical provide on their office letterhead may also be used.
- If no receipt confirmation is obtained, call Health Services (315-435-4145) 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 (in addition to above):

- If the employee remains at 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 absence to begin*** and ***estimated delivery date.***
- If the employee is taken out of work early, or kept out of work beyond the typical timeframe due to complications of pregnancy, the provider will need to fill out a *Medical Update Form* with complications noted.
- **IMPORTANT:** If the employee is planning on taking **FMLA/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 their office letterhead may also be used.
- Ask healthcare provider to complete the *Return-to-Work Form*. This form must be brough, sent, or emailed to healthservices@scsd.us **before** the employee can return to work.
- A **Medical Action Form** is generated by Health Services. Health Services will for the HIPPA-compliant **Medical Action Form** to the employee's Line Manager, HR Absence Team, HR Specialist, and Payroll effectively cleaning you to return to work.
- **IMPORTANT:** If the healthcare provider has indicated **ANY** **restrictions** or necessity for the use of **assistive devices**, **Risk Management** will confer with the employee's Line Manager 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.**