City of Memphis

MEDICAL EXCUSE

Doctor's Name: _____

Doctor's Address: _____

_____

Doctor's Phone No.:_____

This is to certify that: _____

was seen at my office on _____. This individual was experiencing pain or the following general symptom(s):

_____

_____

_____

As a result the individual could not perform the following functions of his/her job:

_____

_____

_____

It is expected the individual will be able to return to work on: _____

_____

Doctor's Signature Date:

This optional form should be used when an employee is absent on sick leave for 3 or more days. Pursuant to City policy PM 46-03: an employee may be absent from work on sick leave up to three (3) consecutive days before medical documentation is required. However, if an employee shows a pattern of abuse as set forth in the Policy Statement of PM 46-03, the employee may be required to present medical documentation for his/her sick leave absence prior to three (3) consecutive days of absence.

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