



TO THE ATTENDING PHYSICIAN  
THE FOLLOWING FORM IS REQUIRED FOR  
YOUR PATIENT TO BE ELIGIBLE FOR THE  
EMPLOYEE CRISIS FUND.

## ***Employee Crisis Fund Medical Certification Form Employee With a Catastrophic Illness or Injury***

To the applicant: Forward both parts of this form to your healthcare provider.

### **PART I: TO BE COMPLETED BY EMPLOYEE**

1. Employee's Name:

\_\_\_\_\_

(First, Middle Initial, Last)

2. Employee's Title:

\_\_\_\_\_

3. Employee's Home Address:

\_\_\_\_\_  
\_\_\_\_\_

4. Name and Address of Healthcare Provider:

\_\_\_\_\_

5. Telephone Number of Healthcare Provider:

\_\_\_\_\_

\_\_\_\_\_  
**Signature of the Employee**

\_\_\_\_\_  
**Date**

**This information will be treated  
as confidential and will not be  
shared outside of medical department.**

**continued**

**Employee Name** \_\_\_\_\_ **Employee Number** \_\_\_\_\_

**PART II: TO BE COMPLETED BY HEALTH CARE PROVIDER**

6. Does the patient have a catastrophic illness or injury? Yes \_\_\_\_\_ No \_\_\_\_\_

(Definition: Catastrophic illness or injury is defined as an illness, injury, impairment, or physical condition that a licensed physician certifies as terminal or life threatening.)

7. Date on which the patient's catastrophic illness or injury commenced: \_\_\_\_\_

8. Probable duration of patient's a catastrophic illness or injury:  
\_\_\_\_\_

9. Describe the catastrophic illness or injury using appropriate medical facts within your knowledge (attach supplemental sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does the patient need constant care? Yes \_\_\_ No \_\_\_

11. If "yes," what is the estimated amount of time that the patient will need this care?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Name and Address of Healthcare Provider**  
\_\_\_\_\_

**Signature of Healthcare Provider**

**Date**

**KINDLY COMPLETE THIS CERTIFICATION  
AND RETURN IT AS SOON AS POSSIBLE TO:**

**Dr. Ronald Mack  
Medical Director  
Medical Department, T2C  
80 Park Plaza  
Newark, NJ 07102**

**This information should be  
treated as confidential**