

RHODE ISLAND PUBLIC TRANSIT AUTHORITY

DISABILITY CERTIFICATE

This certificate is necessary in order to be eligible for sick leave and to properly monitor the use of sick leave.

Employee's Name: _____ Address: _____

Telephone No: _____ Date of visit: _____ Dr. Consulted by Tel. only Yes _____ No _____

Presenting Symptoms: _____

Diagnosis: _____

If admitted to Hospital (Name): _____ Date: _____

Medication Prescribed: _____

Is it safe for Employee to operate bus or machinery on this medication? Yes _____ No _____

To remain out of work – From: _____ to return on: _____

*Please Note: Time off will only be granted for the period provided for by the physician. A separate disability certificate is required from the physician if the period of disability is to be extended. A disability form must be filled out and turned in to Department Head within 2 days of each doctor visit. If off for extended time, employee must call his immediate supervisor every week to appraise supervisor of his progress.

Physician's Signature: _____ Address: _____

Employee's signature for release of above information, that pertains to this particular illness or disablement, to my employer.

_____ Date: _____

The consent for release of this information may be withdrawn at any time by the employee, executing a written revocation.

(Office Use Only) Days to be Paid

