CONFIDENTIAL MEDICAL REPORT AND MEDICAL EVALUATION

Rules and Instructions

1. Confidential Medical Report (Form OP 407) is required whenever an application is submitted for sabbatical leave of absence for restoration of health, for leave of absence without pay for restoration of health, for sick leave in excess of twenty consective school days or as a result of injuries sustained in an alleged accident in line of duty. A Confidential Medical Report may be submitted by a physician in place of the Medical Certification on the sick leave application (Form OP 198) when strict confidentiality is desired.

2. Section I is to be completed in duplicate, using the carbon insert; Section II is for the Medical Division only and is to be completed only in the original. The entire form is to be mailed by the applicant or the physician directly to the School Medical Director at the time of filing application for sabbatical, leave of absence, or when sick leave exceeds twenty consecutive school days as soon as possible and when illness is further protracted; then whenever subsequent applications for sick leave are submitted.

3. After evaluation, the School Medical Director will forward his medical recommendation with respect to applications for sabbatical leaves and leaves of absence without pay for restoration of health to the responsible superintendent on Section III of Page 2 of Form OP 407 (retaining Page 1 in Confidential and Strictly Privileged medical files). Medical recommendation with respect to applications for sick leave will be forwarded to the school principal on Section V of application for sick leave (Form OP 198) as outlined thereon.

The City School District of New York
Division of Human Resources-Medical Bureau
65 Court Street, Brooklyn, New York 11201

Confidential Medical Report and Medical Evaluation

( )-Community School District ( )- City District Instructional Staff

1. To be completed by applicant or school secretary. Please type or print.

Ms. File No._____ Social Sec. No._____
Mrs. _____ ___ Regularly appointed
Mr. Last Name First Name MI ___ Regular Substitute Years of Service_____
___ Per Diem Substitute
Home Address_____ License_____
_____ Zip _____ Date of Birth:____/____/_____
Home Phone (____)_____

School_____ Borough_____ District_____

Please check the purpose (A-E) in connection with which this form is being submitted and supply all information requested.

___ **A** Excuse of absence of more than twenty days for personal illness (sick leave) Initial Date of Current Absence____/____/____
Application form OP198 must be submitted through principal.

___**B** Excuse of absence for alleged accident in line of duty From _____/____/____ to _____/____/_____
Application form OP198, report of injury to member of professional staff, and assignment form OP200 must be submitted through principal.

___**C** Sabbatical Leave of Absence for Restoration of Health From _____/____/____ to _____/____/_____
Application form OP8 must be submitted through principal. List below all prior sabbaticals and leaves of absence without pay with dates and purpose of each.

___**D** Leave of Absence without pay for Restoration of Health From _____/____/____ to _____/____/_____
Application form OP160 must be submitted through principal. List below all prior leaves of absence without pay and sabbaticals with dates and purpose of each.

__ E Other

List Dates and Purpose of All Prior Sabbatical Leaves:

List Dates and Purpose of All Prior Leaves without Pay:

II. To be completed by Attending Physician and Mailed Directly to Medical Bureau.

Confidential and Strictly Priveleged Medical Report

Technical Diagnosis_____

Probable Date of Return (when applicant will be able to perform duties): _____
Additional Clinical Details (particularly necessary when absence is prolonged or complications ensue:

In Surgical case: Nature of Operation _____ Date of Operation:_____ /_____/_____

Date: _____ Signature of Attending Physician:_____, M.D.

Printed/Typed Name of Physician:_____ Phone: (_____)_____
Address _____
_____ Zip _____