

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**  
**OFFICE OF HUMAN RESOURCES AND EQUAL OPPORTUNITY**

**MEDICAL CERTIFICATION FORM**

**Section 1: To be completed by employee**

Date: _____	
Name: _____ Emp. Identification No: _____ (please print)	
Address: _____	
City _____ State _____ Zip Code _____	
Phone Number: _____ Last Work Day Before Illness/Injury: _____	
I AUTHORIZE ANY PERSON(S) having any records or knowledge of me or my health to give information:  On all medical information for myself, including medical history, diagnosis, prognosis and treatment of any physical or mental condition.  I understand that this authorization shall remain in force throughout the duration of my sick leave with the Foothill-De Anza Community College District.	
_____ Signature	

**Section 2: To be completed by attending physician**

1. I attended the patient for the present medical condition from: _____ to: _____
2. History:
3. Diagnosis:
If pregnant, expected delivery date:
Actual delivery date:

(OVER)

**Section 2: Continued**

4. Begin date of the first day of leave.

5. If the patient was hospitalized, please state the reason:

Name of hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date admitted \_\_\_\_\_ Date discharged \_\_\_\_\_

6. Prognosis:

7. APPROXIMATE date patient may return to regular work:

Describe the patient's physical and mental limitations and work activity restrictions:

How long will the described limitations impair the patient?

When can patient return to 100% of duties?

8. Further comments (if indicated):

Name of physician: \_\_\_\_\_  
(please print)

Specialty: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to: Foothill-De Anza Community College District  
Office of Human Resources  
12345 El Monte Road  
Los Altos Hills, CA 94022  
Office: (650) 949-6222 Fax: (650) 949-2831