

**BRISTOL COUNTY SHERIFF'S DEPARTMENT
ILLNESS CERTIFICATION FORM**

PERSONAL ILLNESS OF (PLEASE CHECK ONE)

<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD
<input type="checkbox"/> PARENT OF EMPLOYEE	<input type="checkbox"/> PARENT OF EMPLOYEE'S SPOUSE	
<input type="checkbox"/> RELATIVE LIVING IN THE IMMEDIATE HOUSEHOLD		

TO BE COMPLETED BY MEDICAL PROVIDER (Additional information may be attached)

_____ was examined by me on _____
(Patient Name) (Date)

He/She was incapacitated by personal illness or injury due to self or family member due to:

(For Employee Nature of Illness, which need not be a medical diagnosis, but must be specific enough to explain why the employee was not able to be at work). For family member of Employee a reason why employee's presence was necessary.

He/She could not perform his/her duties on _____
(Date of incapacitation)

and may return to work with no restrictions on _____

Signature of Medical Provider* Date

(*If a signature stamp is used, it must be accompanied by the initials of someone authorized to do so.)

Name and professional title of medical provider (Please Print)

Address of medical facility