

BINGHAMTON
UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Office of Human Resources

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**CONFIDENTIAL MEDICAL STATEMENT
FOR ORDINARY (NOT WORK-RELATED) DISABILITY
Represented by CSEA Only**

Today's Date: _____

Patient:

Name (please print) _____

Address _____

Provider:

Name (please print) _____

Address _____

Brief statement of diagnosis (required for illnesses of 30 consecutive calendar days or longer):

Date of treatment/office visit(s) _____

I hereby release the above information to my employer Binghamton University.

Signature of Employee _____ Date _____

MEDICAL STATEMENT

****Provider complete all sections that apply ****

DISABLED FROM WORK: I certify that, in my medical opinion, this patient is disabled and unable to return to work from _____ to _____,

MAY RETURN TO WORK, NO LONGER DISABLED: I certify that, in my medical opinion, this patient is NOT disabled and may return to work without restrictions to perform his or her job as of (return to work date)

(date of return)

Signature of appropriate medical practitioner _____ Date: _____

Note: Rubber stamps and initialized signatures of non-practitioners are not acceptable.