

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER-HOUSTON
SICK LEAVE POOL**

LICENSED PRACTITIONER STATEMENT

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or the employee's immediately family that requires the services of a licensed practitioner for a prolonged period of time. If the employee or family member has suffered a catastrophic illness or injury and the employee will exhaust all sick and annual leave time, the employee may apply for use of Sick Leave Pool hours.

1. Patient's Name _____ Date of Birth _____
2. When did symptoms first appear or accident happen? _____
3. Date patient ceased work because of disability? _____
4. Names and addresses of other treating physicians:

5. Diagnosis (including complications) _____

6. Objective findings (including current x-rays, EKGs, laboratory data, and any clinical findings) _____

7. Date of first visit _____ Date of last visit _____
Frequency: Weekly Monthly Other (Specify) _____
8. Treatment Plan (including surgery and medications prescribed, if any): _____

9. Has patient: Recovered? Improved? Unchanged? Worsened?
10. Is patient: Ambulatory? House Confined? Bed Confined? Hospital Confined?
11. Has patient been hospitalized: Yes No
If yes, give Name and Address of Hospital _____
Confined from _____ through _____
12. Physical Impairments (*As defined in Federal Dictionary of Occupational Titles)
 Class 1 - No limitation of functional capacity; capable of heavy work* No restrictions (0-10%)
 Class 2 - Medium manual activity* (15-30%)
 Class 3 - Slight limitations of functional capacity; capable of light work* (35-55%)
 Class 4 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity (60-70%)
 Class 5 - Severe limitation of functional capacity; incapable of minimum (sedentary*) activity (75-100%)

13. Is patient now totally disabled from:
 Patient's Job Yes No Any other work: Yes No

14. Date patient became disabled due to present illness _____

15. When do you expect a fundamental or marked change in the future:
 1 month 1-3 month 3-6 month Never

16. When could trial employment commence?
 Patient's Job: Date _____ Full-Time Part-Time
 Any Other Work: Date _____ Full-Time Part-Time

17. Please estimate patient's prognosis _____

18. REMARKS:

Licensed Practitioner Name (Print)		Degree		Telephone Number	
Street Address		City		State	Zip Code
Signature				Date	