



*County of Marin*  
**Employee's Serious Health Condition -  
Physician or Practitioner Certification Form**  
Human Resources Department  
*PMR 44 – Leaves of Absence*

- 
1. Employee's name: \_\_\_\_\_ Job class: \_\_\_\_\_  
Department: \_\_\_\_\_
2. Date condition commenced: \_\_\_\_\_
3. Probable duration of condition: \_\_\_\_\_
4. Regimen of treatment to be prescribed (Indicate number of visits and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):
- A. By physician or practitioner:
- B. By other provider of health services, if referred by physician or practitioner:

Check Yes or No in the space below, as appropriate.

5.        Yes    No        Is inpatient hospitalization of the employee required?
6.        Yes    No        Is employee able to perform work of any kind? (If "No", skip to Item 8.)
7.        Yes    No        Is employee able to perform the functions of employee's position?  
(Answer after reviewing job description from employer describing essential functions of employee's position, or, if none provided, after discussing with employee.)
8.    Physician name : \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of physician or practitioner: \_\_\_\_\_  
Address: \_\_\_\_\_

9. Type of practice (field of specialization, if any):

10. Signature of employee: \_\_\_\_\_ Date:

Please return this form to:  
County of Marin  
Human Resources Department  
3501 Civic Center Drive, Room 403  
San Rafael, CA 94903-4177  
(415) 499-6104  
Fax (415) 499-6108