CNTA
Corona-Norco Teachers Association

CERTIFIED SICK LEAVE BANK
Medical Evaluation Form

Name:_____ **CNUSD Employee Number:**_____

Street:_____ **City:**_____

State:_____ **Zip:**_____ **Phone:**_____

CNTA Description of Catastrophic Injury/Illness:
An injury/illness that is expected to incapacitate the unit member for an extended period of time (in excess of thirty (30) days). The following exclusions apply; however, complications related to these exclusions may qualify as a catastrophic condition. A list of examples that constitute exclusions is shown below for guidance only and is not considered an all-inclusive list.

- Elective surgery
- Bariatric/Weight Loss surgery
- Sprains/strains (wrist, hand, knee, ankle, back)
- Pregnancy
- Tubal ligation/vasectomy
- Hysterectomies not related to cancer treatments
- Cosmetic surgery
- Knee and hip replacement
- Shoulder/rotator cuff tear surgery
- Carpal tunnel/hand/finger surgery
- Ankle and foot surgery
- Organ Donation
- Stress/Depression related illness

Diagnosis:_____

In your medical opinion, does the injury/illness of the above-mentioned patient qualify as catastrophic?

☐ Yes ☐ No

What is the expected duration of the patient's catastrophic leave?_____

Treating Physician's Name:_____ **License #:**_____

Street:_____ **City:**_____

State:_____ **Zip:**_____ **Phone:**_____

Signature:_____ **Date:**_____

An official doctor's note with dates of expected release, diagnosis, and statement that illness/injury is catastrophic, must be attached to this form. Additional documentation may be requested.