



**CERTIFIED SICK LEAVE BANK
Medical Evaluation Form**

Name: _____

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.