

Certification of Physician is to be used with Forms PSL-F004 and PSL-F007.

12.	OP Yes	Ce No	After review of the employee's signed statement (see item 17 below), is the employee's presence necessary, or would it be beneficial for the care of the patient? (This may include psychological comfort.)
13.	Estimate th	Estimate the period of time care is needed or the employee's presence would be beneficial:	
14.	Signature o	of Physician or I	Practitioner:
15.	Date:		Phone:
16.	Type of Practice: (Field of specialization, if any)		