



# Montgomery Fire/Rescue Physician's Release Certificate



All portions of this certificate to be completed by Physician's Office ONLY

## I Use of Personal Sick Leave

\_\_\_\_\_ was seen by this office on \_\_\_\_\_  
Print Name Date

and was under my care from \_\_\_\_\_ to \_\_\_\_\_ and may  
Date Date

return to full duty on \_\_\_\_\_ with **No Limitations or Restrictions**  
Date

## II Use of Family Sick Leave

*This section is to be completed by the Physician if a family member's illness required the attendance/care of the Employee.*

The absence of \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_,  
Print Employee's Name Date Date

was required to allow him/her to attend/care for \_\_\_\_\_,  
Family Member Treated

who was treated by this office.

### Physician Information

\_\_\_\_\_  
Medical Facility Name

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

***Any employee that falsifies or alters any portion of this document shall receive disciplinary action up to and including termination as stated in Montgomery Fire/Rescue Rule - Article II section 319.***