



# Rib Lake School District

## ATTENDING PHYSICIAN'S STATEMENT

For Employee

### Patient Information:

| Last Name | First Name | Middle Initial | Position |
|-----------|------------|----------------|----------|
|-----------|------------|----------------|----------|

### Authorization to Release Information of Determining Eligibility for Benefits

I hereby authorized the School District of Rib Lake to obtain from medical practitioners, medically related facilities, insurance companies, information about my physical or mental condition relating to this claim. I understand that I have the right to receive a copy of this authorization. I agree that a photographic copy is as valid as the original.

| Employee Signature | Phone Number | Date |
|--------------------|--------------|------|
|--------------------|--------------|------|

### To be completed by Physician:

Describe in lay terms the nature of illness or injury: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain the short-term and long-term prognosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you categorize this as a life-threatening illness Yes  No  or extreme life Circumstance Yes  No .

Please Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the patient had the same or a similar condition in the past? \_\_\_\_\_  
 If "yes," state when and describe: \_\_\_\_\_  
 \_\_\_\_\_

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

Date \_\_\_\_\_

Print Physician's Name \_\_\_\_\_

Form can be returned by any method listed below:

Address \_\_\_\_\_

Mail: Rib Lake District Office,  
PO Box 278, Rib Lake, WI 54470

Phone Number \_\_\_\_\_

Fax: 715-427-3221  
Email: [jpeterson@riblake.k12.wi.us](mailto:jpeterson@riblake.k12.wi.us)  
Questions? Call 715-427-3222 ext. 3560