

SUNY OSWEGO
Human Resources, 410 Culkin Hall
Oswego, New York 13126
Office: (315-312-2230) (FAX: (315) 312-6333
Confidential Medical Statement
For Ordinary (not work-related) Disability

I hereby release information to my employer – SUNY OSWEGO

Employee Signature Date

Patient Name: _____ Date: _____

Address:

Provider's Name: _____

Provider's Address:

Brief statement of Diagnosis:

Dates of treatment/office visit(s):

I certify that in my medical opinion, this patient: () is disabled
() is not disabled from the performance of his or her job. If disabled, the
patient is unable to work from

_____ to (anticipated) _____.

Date of return to regular duty: _____.

Signature of appropriate medical practitioner
(NOTE: Rubber stamps and initialized signatures of non-practitioners are not
acceptable.)