

# NEW YORK CITY DEPARTMENT OF EDUCATION

RCS PABCI85

DIVISION OF HUMAN RESOURCES - MEDICAL DIVISION

65 COURT STREET - BROOKLYN, NEW YORK 11201

## CONFIDENTIAL MEDICAL REPORT AND MEDICAL EVALUATION

( ) - Community District ( ) - City District Instructional Staff

(Please type or print. See Rules and Instructions on reverse side of last copy.)

### I. TO BE COMPLETED BY APPLICANT OR SCHOOL SECRETARY:

MR. _____ MISS _____ MRS. _____ (LAST NAME) (FIRST NAME) (INITIAL) MAIDEN OR OTHER LAST NAME USED _____	FILE NO. _____ SOCIAL SEC. NO. _____ ( ) - REGULAR APPOINTED ( ) - REGULAR SUBSTITUTE ( ) - PER DIEM SUBSTITUTE LICENSE _____
HOME ADDRESS _____ ZIP CODE _____ HOME TELEPHONE _____ BIRTHDATE _____ SCHOOL _____ BOROUGH _____ DISTRICT _____ PLEASE CHECK PURPOSE IN CONNECTION WITH WHICH SUBMITTED AND SUPPLY ALL DATA CALLED FOR	
( ) A - EXCUSE OF ABSENCE OF MORE THAN TWENTY DAYS FOR PERSONAL ILLNESS (SICK LEAVE) (APPLICATION FORM OP 198 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL.)	
INITIAL DATE OF CURRENT ABSENCE _____	
( ) B - EXCUSE OF ABSENCE FOR ALLEGED ACCIDENT IN LINE OF DUTY (APPLICATION FORM OP 198, REPORT OF INJURY TO MEMBER OF PROFESSIONAL STAFF, AND ASSIGNMENT FORM OP 200 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL.)	
FROM _____ TO _____	
( ) C - SABBATICAL LEAVE OF ABSENCE . . . FOR RESTORATION OF HEALTH (APPLICATION FORM OP 8 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL. LIST ALL PRIOR SABBATICALS AND LEAVES OF ABSENCE WITHOUT PAY BELOW WITH DATES AND PURPOSE OF EACH.)	
FROM _____ TO _____	
( ) D - LEAVE OF ABSENCE WITHOUT PAY . . . FOR RESTORATION OF HEALTH (APPLICATION FORM OP 160 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL. LIST ALL PRIOR LEAVES OF ABSENCE WITHOUT PAY AND SABBATICALS WITH DATES AND PURPOSE OF EACH BELOW.)	
FROM _____ TO _____	
( ) E - OTHER	
LIST DATES AND PURPOSE OF ALL PRIOR SABBATICAL LEAVES:	
LIST DATES AND PURPOSE OF ALL PRIOR LEAVES WITHOUT PAY:	

### II. TO BE COMPLETED BY ATTENDING PHYSICIAN AND MAILED DIRECTLY TO MEDICAL DIVISION

#### CONFIDENTIAL AND STRICTLY PRIVILEGED MEDICAL REPORT

TECHNICAL DIAGNOSIS _____
PROBABLE DATE OF RETURN (WHEN APPLICANT WILL BE ABLE TO PERFORM DUTIES) _____
ADDITIONAL CLINICAL DETAILS (PARTICULARLY NECESSARY WHEN ABSENCE IS PROLONGED OR COMPLICATIONS ENSUE):
IN SURGICAL CASE:
NATURE OF OPERATION _____ DATE OF OPERATION _____
DATE _____ SIGNATURE OF ATTENDING PHYSICIAN _____, M.D.
PRINTED OR TYPED NAME OF PHYSICIAN _____
PHYSICIAN'S ADDRESS _____ TELEPHONE NO. _____

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## CONFIDENTIAL MEDICAL REPORT AND MEDICAL EVALUATION

( ) - Community District ( ) - City District Instructional Staff

(Please type or print. See Rules and Instructions on reverse side of last copy.)

### I. TO BE COMPLETED BY APPLICANT OR SCHOOL SECRETARY:

MR. _____ MISS _____ MRS. _____ (LAST NAME) (FIRST NAME) (INITIAL) MAIDEN OR OTHER LAST NAME USED _____	FILE NO. _____ SOCIAL SEC. NO. _____ ( ) - REGULAR APPOINTED ( ) - REGULAR SUBSTITUTE ( ) - PER DIEM SUBSTITUTE LICENSE _____
HOME ADDRESS _____ ZIP CODE _____ HOME TELEPHONE _____ BIRTHDATE _____ SCHOOL _____ BOROUGH _____ DISTRICT _____	
PLEASE CHECK PURPOSE IN CONNECTION WITH WHICH SUBMITTED AND SUPPLY ALL DATA CALLED FOR	
( ) A - EXCUSE OF ABSENCE OF MORE THAN TWENTY DAYS FOR PERSONAL ILLNESS (SICK LEAVE) (APPLICATION FORM OP 198 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL.)	
INITIAL DATE OF CURRENT ABSENCE _____	
( ) B - EXCUSE OF ABSENCE FOR ALLEGED ACCIDENT IN LINE OF DUTY (APPLICATION FORM OP 198, REPORT OF INJURY TO MEMBER OF PROFESSIONAL STAFF, AND ASSIGNMENT FORM OP 200 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL.)	
FROM _____ TO _____	
( ) C - SABBATICAL LEAVE OF ABSENCE ... FOR RESTORATION OF HEALTH (APPLICATION FORM OP 8 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL. LIST ALL PRIOR SABBATICALS AND LEAVES OF ABSENCE WITHOUT PAY BELOW WITH DATES AND PURPOSE OF EACH.)	
FROM _____ TO _____	
( ) D - LEAVE OF ABSENCE WITHOUT PAY ... FOR RESTORATION OF HEALTH (APPLICATION FORM OP 160 MUST ALSO BE SUBMITTED THROUGH PRINCIPAL. LIST ALL PRIOR LEAVES OF ABSENCE WITHOUT PAY AND SABBATICALS WITH DATES AND PURPOSE OF EACH BELOW.)	
FROM _____ TO _____	
( ) E - OTHER	
LIST DATES AND PURPOSE OF ALL PRIOR SABBATICAL LEAVES:	
LIST DATES AND PURPOSE OF ALL PRIOR LEAVES WITHOUT PAY:	

### II. OMITTED FROM THIS PAGE (SECTION II ON PAGE 1 FOR MEDICAL DIVISION FILES ONLY).

### III. TO BE COMPLETED BY SCHOOL MEDICAL DIRECTOR, DETACH FROM PAGE 1 AND FORWARDED TO THE COMMUNITY SUPERINTENDENT (OR, FOR CITY DISTRICT STAFF, TO THE BUREAU OF APPOINTMENT).

MEDICAL RECOMMENDATION:	AFTER EVALUATION, THE FOLLOWING MEDICAL RECOMMENDATION IS SUBMITTED SUBJECT IN ITS APPLICATION TO ALL ADMINISTRATIVE REQUIREMENTS:			
DESCRIPTION	( ) - MEDICALLY APPROVED		( ) - MEDICALLY DISAPPROVED	
	FROM	TO	FROM	TO
SABBATICAL LEAVE OF ABSENCE FOR RESTORATION OF HEALTH (ITEM C)				
LEAVE OF ABSENCE WITHOUT PAY FOR RESTORATION OF HEALTH (ITEM D)				
( ) - INDIVIDUAL NOT TO RETURN TO DUTY WITHOUT FURTHER RECOMMENDATION OF MEDICAL DIVISION				
DATE _____	SIGNATURE OF SCHOOL MEDICAL DIRECTOR _____			

## CONFIDENTIAL MEDICAL REPORT AND MEDICAL EVALUATION

### Rules and Instructions

1. Confidential Medical Report (Form OP 407) is required whenever an application is submitted for sabbatical leave of absence for restoration of health, for leave of absence without pay for restoration of health, for sick leave in excess of twenty consecutive school days or as a result of injuries sustained in an alleged accident in line of duty. A Confidential Medical Report may be submitted by a physician in place of the Medical Certification on the sick leave application (Form OP 198) when strict confidentiality is desired.
2. Section I is to be completed in duplicate, using the carbon insert; Section II is for the Medical Division only and is to be completed only in the original. The entire form is to be mailed by the applicant or the physician directly to the School Medical Director at the time of filing application for sabbatical, leave of absence, or when sick leave exceeds twenty consecutive school days as soon as possible and when illness is further protracted, then whenever subsequent applications for sick leave are submitted.
3. After evaluation, the School Medical Director will forward his medical recommendation with respect to applications for sabbatical leaves and leaves of absence without pay for restoration of health to the responsible superintendent on Section III of Page 2 of Form OP 407 (retaining Page 1 in Confidential and Strictly Privileged medical files). Medical recommendation with respect to applications for sick leave will be forwarded to the school principal on Section V of application for sick leave (Form OP 198) as outlined thereon.