

FLORIDA INTERNATIONAL UNIVERSITY
CERTIFICATION OF PHYSICIAN OR PRACTITIONER

1. Employee's Name _____

2. Patient's Name (If other than employee) _____

3. Diagnosis _____

4. Date condition commenced _____

5. Probable duration of condition and what accommodation is recommended _____

6. Regimen of treatment to be prescribed (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule hours per day or days per week.)

A. By Physician or Practitioner _____
