

Cherokee Community School District
600 West Bluff Street
Cherokee, Iowa 51012

Long Term Absence Form

To be filled out by attending physician

Date: _____

Patient's Name: _____

Nature of leave preventing work: _____

Attending Physician: _____

Dates should reflect care for which patient is seeking for current injury/illness/recovery.
Accepted are the dates determined and designated by physician only.

First date of long term care: _____

Date released from care: _____

Patient can return to work on: _____

List restrictions if any: _____

Physician's Signature:

Tom Ryherd, Superintendent
Phone: 712-225-6767
Fax: 712-225-6769