

# NEW YORK CITY DEPARTMENT OF EDUCATION

RCS PARC185

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)	FILE NO. _____ SOCIAL SEC. NO. _____ ( ) - REGULAR APPOINTED ( ) - REGULAR SUBSTITUTE ( ) - PER DIEM SUBSTITUTE LICENSE _____
MAIDEN OR OTHER LAST NAME USED _____	
HOME ADDRESS _____ ZIP CODE _____	
HOME TELEPHONE _____ BIRTHDATE _____	
SCHOOL _____ BOROUGH _____ DISTRICT _____	
PLEASE CHECK PURPOSE IN CONNECTION WITH WHICH SUBMITTED AND SUPPLY ALL DATA CALLED FOR	
( ) <b>A</b> - 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>B</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 _____	
( ) <b>C</b> - 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 _____	
( ) <b>D</b> - 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 _____	
( ) <b>E</b> - 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 _____			