

FRANKLIN PARISH SCHOOL BOARD

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CERTIFICATE

I, _____, a licensed physician with the State of Louisiana,
(licensed physician's name)
have personally examined _____, and have reviewed the essential
(personnel's name)
functions and duties of his/her position as a _____, as set forth in the
(position)
attached job description supplied by the Franklin Parish School Board. It is my opinion that
_____, is **unable** to perform the essential functions of his/her position
(personnel's name)
due to the injury or illness.

Complete this section, (if applicable):

_____ would be able to perform the essential functions of such position, if offered the following accommodations (if any):

1. _____
2. _____
3. _____
4. _____

_____ may return to work on _____ (date).
(personnel's name)

Pursuant to the provisions of La. R.S. 14:125, I do swear or affirm that the contents of the foregoing Certificate are true and correct.

(Physician's signature)

Dr. _____, M.D.

Date: _____