



# WASHINGTON MILITARY DEPARTMENT SHARED LEAVE MEDICAL CERTIFICATE

EMPLOYEE NAME (Please type / Print)

EMPLOYEE'S SIGNATURE (Authorizing release of medical information relative to this request)

## ATTENDING PHYSICIAN

The above named patient's diagnosis:

Please describe the nature of this condition in detail:

Expected duration of the patient's condition:

Expected return date (if known)

In your opinion, is this physical or mental condition an extraordinary or severe illness, injury or impairment that you would consider **serious, extreme, and / or life threatening?**      Yes      No

DOCTOR'S NAME (Please Type / Print)

TELEPHONE NUMBER

DOCTOR'S SIGNATURE

DATE

The Washington Military Department has a Reasonable Accommodation policy providing equal access to its services. If you need accommodations, please call the Human Resource Office at (253) 512-7390.

**Please forward completed form to:**  
Washington Military Department  
State Human Resource Office  
Camp Murray, Bldg # 20B, Tacoma WA 98430-5006  
E-mail: [Julie.Pedersen@mil.wa.gov](mailto:Julie.Pedersen@mil.wa.gov)  
Fax: (253) 512-7808

Questions may be directed to the Military Department Human Resource Office at 253-512-7368.