



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 **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 email the Human Resource Office at accommodations@mil.wa.gov

Please forward completed form to:
Washington Military Department
State Human Resource Office
Camp Murray, Bldg # 33, Tacoma WA 98430-5006
E-mail: accommodations@mil.wa.gov
Fax: (253) 512-7808

Questions may be directed to the Military Department Human Resource Office at 253-512-7376.