

**BINGHAMTON**  
**UNIVERSITY**  
STATE UNIVERSITY OF NEW YORK

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**CONFIDENTIAL MEDICAL STATEMENT  
FOR ORDINARY (NOT WORK-RELATED) DISABILITY**

Today's Date: \_\_\_\_\_

*Patient:*

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

*Provider:*

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Brief statement of diagnosis \_\_\_\_\_

Date of treatment/office visit(s) \_\_\_\_\_

I hereby release the above information to my employer Binghamton University.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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**MEDICAL STATEMENT**

**\*\*Provider complete all sections that apply \*\***

**DISABLED FROM WORK:** I certify that, in my medical opinion, this patient is disabled and unable to return to work from \_\_\_\_\_ to \_\_\_\_\_,

**MAY RETURN TO WORK, NO LONGER DISABLED:** I certify that, in my medical opinion, this patient is NOT disabled and may return to work without restrictions to perform his or her job as of (return to work date)

Signature of appropriate medical practitioner \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Rubber stamps and initialized signatures of non-practitioners are not acceptable.**