

Sick Verification Form

The completed Sick Verification Form provided to the Company verifies the absence referenced below is required by the employee's illness. Please fax this completed form to the Absence & Return Center (ARC) fax number below.

A. This section to be completed by the employee.

Name: _____ Employee Number: _____ Base: _____

Job Title: _____ Phone Number: _____

E-mail Address: _____ Absence Begin Date: _____

Name of Health Care Provider (HCP) for your illness: _____

- An ARC representative may need to contact my treating Health Care Provider to clarify or authenticate this form.
- Employees may not make any alterations to the information documented by the treating Health Care Provider.

Employee Signature

Date

FMLA: If you believe you have an FMLA (Family and Medical Leave Act) qualifying condition and have not already applied for FMLA Leave, you may do so by submitting a completed FMLA Certification Form and faxing it to the number noted on the FMLA form. The FMLA Certification Form can be found on Jetnet on the Leaves & Returns page or contact the Absence and Return Center (ARC) team at 800-447-2000 for assistance.

Return to Work: Certain absences will require a return to work clearance from your treating Health Care Provider. Clearance by your treating Health Care Provider is necessary if one of the following applies:

- Hospitalization (admitted to the hospital), surgery (in or outpatient) or emergency room visits;
- Medication that can affect alertness, mental function, or affect public safety;
- Absent from work for 30 or more consecutive calendar days;
- Injury to the eyes, ears and/or head;
- Blocked ears (crewmembers only); and/or,
- You are unable to or unsure if you are able to perform the essential job functions of your job. (Please see the Return to Work Form for your position, which sets forth the essential functions of your job).

If one of the above applies to you, your treating Health Care Provider will need to complete and submit the Return to Work Form for your specific position. You can find your specific Return to Work Form on Jetnet on the Leaves & Returns page or contact the Absence and Return Center (ARC) team at 800-447-2000 for assistance. Fax the completed Return to Work form to ARC and report to work on the date your Health Care Provider indicates on the form.

If none of the above clearance requirements applies to your absence, a return to work clearance is not required. Follow your work group's normal return to work process.

B. This section to be completed ONLY by your treating Health Care Provider.

We would like to thank you for your care and treatment of our colleague and we ask that you partner with us by completing the information below. **Please type or print answers. Only provide information for the illness that gave rise to the above-referenced absence.**

1) Patient Name _____

2) Has been under my care for this absence from _____ to _____.
Date Date

3) Was your patient able to work while under your care during this absence? Yes _____ No _____

a. If no, date your patient is able to return to work _____

b. If return to work date is unknown, what is the anticipated date for return to work? _____

c. Next follow up appointment _____
Date Time

Health Care Provider (print name): _____

Specialty/Type of Practice: _____

Phone Number: _____ Fax Number: _____

Health Care Provider Signature: _____ Date: _____

Fax Number: 1-855-895-3684