

**POLK COUNTY
DONATED LEAVE PROGRAM
MEDICAL AND HOSPITAL REPORT**

					CLAIM #	
Patient's Name						
Patient's Home Address						
Patient's Customary Work						
Patient first became unable to perform customary work on					Date	
Patient is now able to perform customary work and became able to do so on					Date	
Patient is unable to perform customary work and will continue so until					Date	
Patient was hospitalized from		Date	Hour a.m. / p.m. to	Date	Hour a.m. / p.m. to inclusive	
Name and address of hospital						
Diagnosis						
Remarks						

Name of Doctor (Please Print)

Signature of Doctor

To be returned to:
Polk County Department of Human Resources
111 Court Avenue, Suite 372
Des Moines, Iowa 50309

Address

Date Prepared