

I'm not robot!

Work/School Medical Excuse

Date: _____

To Whom It May Concern:

Please be advised that _____ was seen in my office on ____/____/____.

Diagnosis:

_____ is able to return to work/school on: ____/____/____.

Restrictions/Limitations:



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

**USCIS
 Form I-9**
 OMB No. 1615-0047
 Expires 06/30/09

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
 Some aliens may write "TUA" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee: _____ Today's Date (mm/dd/yyyy): _____

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer (a) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparer and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____ Today's Date (mm/dd/yyyy): _____

Last Name (Family Name): _____ First Name (Given Name): _____

Address (Street Number and Name): _____ City or Town: _____ State: _____ ZIP Code: _____

Employer Completes Next Page

GENETIC SCREENING/TERATOLOGY COUNSELING INCLUDES PATIENT, BABY'S FATHER, OR ANYONE IN EITHER FAMILY WITH:

	YES		NO	
	YES	NO	YES	NO
1. PATIENT'S AGE ≥ 35 YEARS				
2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND); MCV < 80				
3. NEURAL TUBE DEFECT (MENINGOCELE, SPINA BIFIDA, OR ANENCEPHALY)				
4. CONGENITAL HEART DEFECT				
5. DOWN SYNDROME				
6. TAY-SACHS (EG. JEWISH, CAJUN, FRENCH CANADIAN)				
7. SICKLE CELL DISEASE OR TRAIT (AFRICAN)				
8. HEMOPHILIA				
9. MUSCULAR DYSTROPHY				
10. CYSTIC FIBROSIS				
11. HUNTINGTON CHOREA				
12. MENTAL RETARDATION/AUTISM				
IF YES, WAS PERSON TESTED FOR FRAGILE X?				
13. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER				
14. MATERNAL METABOLIC DISORDER (EG. INSULIN-DEPENDENT DIABETES, PKU)				
15. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE				
16. RECURRENT PREGNANCY LOSS, OR A STILLBIRTH				
17. MEDICATIONS/STREET DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD				
IF YES, AGENT(S):				
18. ANY OTHER				

COMMENTS/COUNSELING:

INFECTION HISTORY		YES	NO	YES	NO
1. HIGH RISK HEPATITIS B/VACCINATED?					
2. LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB					
3. PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES					
4. RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD					
5. HISTORY OF STD, GC, CHLAMYDIA, HPV, SYRILUS					
6. OTHER (SEE COMMENTS)					

Section GG Functional Abilities and Goals - Admission (Start of SNF PPS Stay)

GG6136, Self-Care (Assessment period is days 1 through 3 of the SNF PPS stay starting with ADXXXX)
 Complete only if ADXXXX = 01

Code the resident's usual performance at the start of the SNF PPS stay for each activity using the 4-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 4-point scale.

Quality:

<p>Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Assistance may be completed with or without resident consent.</p> <p>00. Independent - Resident completes the activity by themselves with no assistance from helper.</p> <p>01. Setup or clean up assistance - Helper SETS UP or CLEANS UP resident completes activity. Helper assists only prior to or following the activity.</p> <p>02. Supervision or teaching assistance - Helper provides VERBAL CUES or TOUCHING/TEACHING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. Partial/intermittent assistance - Helper does LESS THAN HALF of the effort. Helper lifts, holds, or supports trunk or limbs but provides less than half the effort.</p> <p>04. Substantial/manual assistance - Helper does MORE THAN HALF of the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>05. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.</p>	<p>If activity was not attempted, code reason:</p> <p>01. Resident refused.</p> <p>02. Not applicable.</p> <p>03. Not attempted due to medical condition or safety concerns.</p>
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Performance:

<p>1. Admission Performance</p> <p>A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the food is presented on a table-top. Includes modification/assistive technology.</p> <p>B. Oral hygiene: The ability to use suitable items to clean teeth. (Elements if applicable: The ability to remove and replace denture teeth and to brush teeth and receive assistance for brushing and rinsing teeth.)</p>	<p>2. Discharge Goal</p>
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inhibitors) to reduce gas volumes first otimes otimov li e aesuan al errudir rep Jerusserpottigid o ehcgolocamrafc ehcigolacmrafc ehcitemeditra trefoc resse orebbervod SC nu onnah ehc ennod eL .naeracE id enoizes Cs31Eras: receptor faciad and antagonists h2 should be administered as a premedication to reduce the risk from suction pneumonia (quality of evidence: low, resistance of recommendation: strong) anti-hemetic drugs are effective for preventing nausea and vomiting during cs. the multimodal approach should be applied for the treatment of nausea and vomiting (quality of evidence: moderate, strength of recommendation: strong) 36 prominent pre-operative antibiotics that administer pre-operative antibiotics within 30 € "60 minutes of cs and before the unbored cutaneous incision: cephalzoline or clindamycin + gentamycin . worked: cephalzoline + azitromycin: recommends administration of surgical antibiotic prophylaxis before surgical incision (quality of tests: low, resistance of recommendation: strong) recommends the administration of surgical antibiotic prophylaxis within 120 minutes before the incision, considering the half-life of the antibiotic (for example, administration closer to the incision time or> 60 minutes for the section of antibiotics with a short half-life as cephalzoline) (quality) (quality) (quality) (quality) (quality) (quality) (quality) (quality) choose effective antibiotics against endometritis, urinary tract and wound infections.31Eras: the section of iv antibiotics should be administered usually within 60 minutes before the cutaneous incision cs. a first-generation cephalosporin is recommended; in women in labor or with broken membranes, the addition of azithromycin gives a further reduction of postoperative infections (quality of evidence: high, recommendation resistance: strong) 36acog: led led oizini'led amirp itunim 06 ortne erartsinimmoS .gk/gm 5 edisocilgonima 'Aip gm €Å 009 anicimadnilc o .€Å 3" –à €Å2 anilozafec . gk 08 >osep o 03 >osebo IMB .gk/gm €Å5 edisocilgonima sulp aniciymadnilc o anilozafec id g €Å 1 . gk 08< osep o elamron Addition of azithromycin, infused over 1 hour, to a standard antibiotic prophylaxis regimen may be considered for women undergoing non-elective CS70Preoperative bathingÅ ÅRecommend patients bathe or shower prior to surgeryWHO: It is good clinical practice for patients to bathe or shower prior to surgery. The panel suggests that either a plain or antimicrobial soap may be used for this purpose (Quality of evidence: moderate, strength of recommendation: conditional) 71NICE: Advise patients to shower or have a bath (or help patients to shower, bath or bed bath) using soap, either the day before, or on the day of, surgery72CDC: Advise patients to shower or bathe (full body) with soap (antimicrobial or nonantimicrobial) or an antiseptic agent on at least the night before the operative day (Quality of evidence: low, strength of recommendation: strong); there is insufficient evidence from randomized controlled trials to support definitive recommendations regarding the optimal timing of the preoperative shower or bath, the total number of soap or antiseptic agent applications, or the use of chlorhexidine gluconate washcloths for the prevention of SSI (No recommendation/unresolved issue)64Hair removalRecommend avoiding hair-removal unless necessaryWHO: Recommends that hair should either not be removed, or if necessary, should be removed only with a clipper. Shaving is strongly discouraged at all times, whether preoperatively or in the operating room (quality of evidence: moderate, strength of recommendation: strong)71NICE. Do not use hair removal routinely to reduce the risk of SSI; If hair has to be removed, use electric clippers with a single-use head on the day of surgery. Do not use razors for hair removal, because they increase the risk of SSI31Abdominal skinÅ ÅpreparationRecommend prepping the abdomen with alcohol-based chlorhexidine gluconate (CHG) solution prior to incision, and allow to dry for 3Å Åminutes prior to citehtsena eht esuaceb reddalb eht fo noitnetsid-revo tnevrp ot retehtac yraniru gnillewdni na eriuerc aisehtsena lanoiger htiw SC gnivah nemoW :ECINrobal detcurtsbo ro degnolorp fo gnittes ni yllaicepse .retehtac yraniru gnillewdni fo tmemecalp redisnoCSC ot roirp eganiard reddalb dnmemoceRtnemecalp retehtac yraniru gnillewdni07snoitaraperp lacigrus lanigav sa esu Lebal-FO ROF Evitceffe DNA EFAS Era) 4 .G.E(Lohola fo snoitcartnoc wol htiw ghc fo snoulos .deredisnoc Eb nac GHC Ro Endoi-enodivop rehtie gnisume soht soht noitadnemcofer fo htgnerts .etaredom :ecnedive fo ytilauq(snoitcefni SCTsop fo noitcuder eht rof deredisnoc eb dluohs noitulos enidoi-enodivop htiw noitaraperp lanigaV :SARESC dennalp rof noitaraperp lanigav redisnoCSC deludehcsnu lla ot roirp tnetnoc lohocla wol htiw noitulos GHC ro enidoi-enodivop %01 htiw Notetoparp Lanigav Dnmemoceernoitaperp Lanigav46)GNORTS .noitadnemcoc er fo htgnerts ,hgh :ecnedive fo ytilauq(detacidiartnoc sselnu tnega citpesitna desab-lohocla na htiw noitaraperp niks evitarepoartni mrofrep :CDC07noitaraperp niks lohocla-enidixehrohc a si eciohc eibanosner Å .detacidiartnoc sselnu demrofrep eb dluohs noitulos desab-lohocla na htiw SC erofeb gnisnaeic niks evitarepoerP :COCA53)gnorts .noitadnemcofer fo htgnerts ,wol :ecnedive fo ytilauq(snoitcefni SCTsop fo noitcuder rof noitulos enidoi-enodivop suoeuqa ot derreferp si lohocla-enidixehrohc :SARE121GHC fo noitulos desab-lohocla .enarbmem suocum a ot txeN si etis lacigrus eht ro detacidiartnoc sselnu eciohc tsrF .noitaraperp citpesitna na gnisu noisicni erofeb yletaidemmi etis lacigrus eht ta niks eht eraperP .ECIN17)gnorts .noitadnemcofer fo htgnerts .etaredom ot wol :ecnedive fo ytilauq(serudecorp lacigrus ot roirp noitaraperp niks lacigrus rof etanocalg enidixehrohc no desab noitulos citpesitna Desab-lohocla dnmemoceR interferes with the normal function of the bladder. The removal of the cateter of the urinary bladder must be carried out once a woman is mobile after a regional anesthetic and not before 12 hours after the last epidural dose31Eras: the urinary cateter must be removed immediately after the Cesarea section, if placed during Surgical intervention (test quality: bass, recommendation force: strong) 37 manifests the normal -scale body temperature to avoid maternal hypothermia: it suggests the use of heating devices in the operating room and during the surgical procedure for heating the body of the Patient to contribute to reducing the quality of recommendation: moderate engraving of pelcomandi the use of routine of an incision of the low transverse abdominal skin, both Joel-Cohen and Pfannestielnice: CS should be performed using a transversal abdominal incision because this is It is associated with a minor postperactive pain and a improved cosmetic effect compared to U incision of the average line; The transversal incision of the choice should be the Joel-Cohen incision, because it is reduced with more short operations times for straps there is insufficient test to recommend the creation of routine of a bladder flap before doing the 'uterine incision site and typeHysteotatotomy commands the transversal incision in the lower uterine segment if able to be performed CS performed for non -progress, recommend transverse diova/timil .PAOS121ISS fo ksir eht ecuder ot egaval yrativacartni esu ton oD :ECINnolagirri laenotirepartni enituor tsniaga dnmemoceRnoitagirri laenotirepartni65noegrus yb noitagirri enilas lanimodba dna noitaziroiretke eniretu diova/timil .PAOS121noitcefni dna egahrromeh sa heus senocctuo evitarepo evorpmi ton seod dna niap erom htiw detaicoessa si ti esuaceb dednemmoceR ton si suretu eht fo noitaziroiretxE .nekatreidnu eb dluohs noitcesÅ Ånaeresec: ta suretu eht fo riaper laenotirepartni .ECINnoitaziroiretke eniretu enituor tsniaga ro rof dnmemoceR ot ecnedive tneiciffusni si ererhTnoitaziroiretke 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dna egahrromeh mutrapsop fo ecnedicni ,ssol doolb secuder ti esuaceb desu eb dluohs noisicni eniretu eht fo noisnetxe prahs naht rehtar tnuIB .tneoges eniretu rewol demrof llew a si ereht nehW :ECINnoitcerid laduacÅÅÅÅdalahæc eht ni yltnuIB dednetxe si ymotoretsyh eht taht dnmemoceRnoisnetxe ymotoretsyhtneoges Eniretu rewol eht by Rehgh : Åtilauq(aigrurihc id opit lad etnemetnednepidni ,ISS id oihsir li errudir id opocs olla nasolcirt noc etitsevir erutus id osu' l'ecsireggus :OHWISS id oihsir li errudir rep elibinopsid es nasolcirt id atitsevir arutus id LAIBORCIMITNA REDISRUTUTUS ID ASU 63)enoizadnamoccar id azrof ,atareedom :evorp elled Åtilauq(ocigrurihc otnevretni' l opod inroiq 4< essomir etats onos etteffary el es atiref alled enoizarapes attodir anu id aznedive'led asuac a .isac led etrap roiggam allen eralocitucus arutus al odnastu atugese eresse eved ellep alled arusuilc al :sare121ecnesibeD isaf el ehc otsottuip erutus elled osu' l' eraredisnoc :eralocitucus orutus noc ellep id ellep id ellep alled arusuilc .PAOS121noitcefni dna egahrromeh sa heus senocctuo evitarepo evorpmi ton seod dna niap erom htiw detaicoessa si ti esuaceb dednemmoceR ton si suretu eht fo noitaziroiretxE .nekatreidnu eb dluohs noitcesÅ Ånaeresec: ta suretu eht fo riaper laenotirepartni .ECINnoitaziroiretke eniretu enituor tsniaga ro rof dnmemoceR ot ecnedive tneiciffusni si eresse eved elatussit otarts olled enoizamisrorppair al ,oenatucottos otusset id mc 2 >=noc ennod ellen :oenatucottos sare13taf mc 2 >=alibba non annot al ehc onem a ,otazzillitu eresse eved non oenatucottos otusset led oizaps olled .n .Åtidnofor ni VÅ 2 VÅ " Å es oenatucottos otusset led erusolC derusolC eussiT enatuchus63)elobed :enoizadnamoccar alled aznetsiser ,assab :evorp elled Åtilauq(ovitarepo opmet li atnemua am ,itaroilgim italusir a otaicoessa " Å non otmauq ni osuilh eresse reP acirefirep eresse eved non muenoitrep al :SARE13anretam enoizafsidos al asivorpmi e airotarepotsop aiseglana id Åtissecen al e ovitarepo opmet li ecudir ÅAic ©Åhcrep SC ni itarutus eresse onoved elateirap oenotirep li ©Ån elarecsiv li ©Ån :elateirap ecanmuenotirep alled enituor id arusuilh al ortnoc muenotireP65 ogrurihc led arusuilh led etrap ad elanimodda anilas enoizagirri e enoizaziroiretse COMMITMENT CONDITION: Conditional) 71 NICE: When using sutures, consider the use of antimicrobial antimicrobial antimicrobials Sutures to reduce the risk of SSI121postpartum hemorrhage (PPH) Prevention The administration of Routine of IV Oxytocin or Carbocin as the first line for PPHWHO prevention: Oxytocin 10å ç IU (IV or IM) is the preferred uterotonic drug for PPH prevention In CS (CS Quality (CS TEST QUALITY: Moderate, Resistance of the Recommendation: Forte) 125Nice: Ossocin 5 UI by a slow IV injection should be used in CS to encourage the contraction of the uterus and to reduce the loss of Blood31 Fluid Opera Opera and the management of blood pressure that maintain euolemia that maintains euolemia use of potsopressors for the management of the hypotension induced by the spinal at the time of the CSWHO: It suggests the use of fluid therapy directed by the intraoperative objective to reduce The risk of SSI (qualities of the tests: low, force of the recommendation: conditional) 71Nice: women who have a CS under regional anesthesia should and be offered epheidine ro phenylephrine and pre-coloring of the volume with Crysta lloid or colloid to reduce the risk of hypotension during CS31Iras: perioperative and intraoperative euolemia seems to lead to an improvement in the maternal and neonatal outcomes after CS (quality of the tests: low: to moderate, force of the recommendation: strong) 36SOAP: Limite the EV Å

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