



*Wachusett Regional School District*  
*Holden, Paxton, Princeton, Rutland, Sterling*

**Physician Certification**

**Maternity Leave**

I hereby certify that my patient \_\_\_\_\_  
Please Print Patient Name

is disabled and unable to work due to the recent birth of her child.

She will be unable to work beginning on \_\_\_\_\_ until \_\_\_\_\_  
Date Date

\_\_\_\_\_  
Physician's Name – Please Print

\_\_\_\_\_  
Physician's Signature Date