HARDSHIP TRANSFER
MEDICAL VERIFICATION FORM

This form is completed by the Physician

OREGON DEPARTMENT OF CORRECTIONS
HARDSHIP TRANSFER VERIFICATION FORM

An employee has requested a Hardship Transfer to manage their own serious health condition or care for a seriously ill family member. The information you provide will assist us in determining the validity of the request and in determining approval status.

Employee’s Name: ____________________________

Patient’s Name: ____________________________

Patient’s Relationship to Employee: ____________________________

TO BE COMPLETED BY ATTENDING PHYSICIAN OR PRACTITIONER

1. Please check the following category that best describes the family members (patients) illness.
   - [ ] Hospital Care
   - [ ] Absence plus treatment
   - [ ] Chronic requiring treatment
   - [ ] Perm/long-term requiring treatment
   - [ ] Poses imminent danger of death. Terminal in prognosis
   - [ ] Multiple treatments (non-chronic) or requires constant care

2. Approximate date condition began: __/__/____________
   
   Duration of condition: From __/__/____________ To __/__/____________

3. Is the patient presently incapacitated? ("Incapacitated" for these purposes is defined to mean inability to work or perform other regular daily activities due to a serious health condition, treatment of, or recovery from.)
   - [ ] Yes – please indicate an estimated date of recovery if any: __/__/____________
   - [ ] No

4. Does the patient’s illness require a “caregiver” and/or is it necessary for the Dept of Corrections employee to assist the patient with activities that require them to live in close proximity to the patient?
   - [ ] Yes – Please describe the type of care the patient requires from the employee:
     __________________________________________

   - [ ] No

Physician/Practitioner Signature: ____________________________

Physician/Practitioner Printed Name: ____________________________

Type of Practice/Specialized Field: ____________________________

Telephone Number: ____________________________ Date: __/__/____________