



Request for Physician's Certification

Case No :

Name :

SS# :

Section 31-236 of the Connecticut Unemployment Compensation Law provides, in part, that no individual shall be ineligible for benefits if the individual leaves suitable work to care for a seriously ill spouse or child, or parent domiciled with the individual, provided such illness is documented by a licensed physician.

The above named individual has filed a claim for unemployment compensation and states that he/she is responsible for the care of _____ who is the individual's _____

The information requested below is essential for making a proper determination of eligibility for benefits.

What is the nature of the illness? _____

Is this a serious illness? Yes No

Does the illness require continuing daily care? Yes No?

If Yes, what type of continuing daily care is required? (Daily care might include such activities as assisting with medications and personal hygiene, preparing meals, and providing transportation to doctor appointments and/or therapy.)

Are you a licensed physician? Yes No

PLEASE PRINT:

Physician's Name: _____

Physician's Address: _____

Telephone Number: _____ Fax Number: _____

Physician's Signature: _____ Date: _____