VIRGINIA EMPLOYMENT COMMISSION
REQUEST FOR PHYSICIAN'S CERTIFICATE OF HEALTH

Effective Date
Field Office

(PLEASE PRINT OR TYPE)

Claimant's Name S.S. No.

To be eligible to receive unemployment benefits under the Virginia Unemployment Compensation Act, a claimant must be physically and mentally able to work. As my physician, please give the Virginia Employment Commission your opinion regarding the question below.

Date: _____ Signature: _____
(Signature of Claimant)

1. What date did you first examine this patient during the current illness? _____
2. What is the nature of the patient's illness or disability (please describe in lay terms and avoid abbreviations)?

_____
_____
_____

3. Did you advise the patient to quit his/her last job because of health?
_____Yes No
4. Did you advise the patient to take a leave of absence for health reasons?
_____Yes No
5. At any time during current illness has the patient been incapacitated and totally unable to perform any work? _____Yes _____ No
If yes, during what period of time was the patient totally unable to work?
From TO
6. Is the patient currently able to perform any work? __ Yes_____ No
(a) If yes, describe any physical or mental limitation on the type of work patient may perform.
_____
(b) If no, what is the earliest date the patient will be able to work? _____

Date _____ _____
(Signature of Physician)

_____
(Name – Print or Type)
_____
(Street)
_____
(City) (State) (Zip)
_____
(Phone Number)

Form VEC-B-14
(Revised 6-2012)