REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Notification

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days prior to the date the requested leave is to begin. 12 5 11

F		11 71	~ .	12-5-1	1.
Name_	Helene	M. Shabarr	Date	1001	
School		a Angelou *************	Positi	ion 3rd 60	ade Frstructur
for one or more of the following reasons. I understand that a					
I request a family or medical leave for one of more of the rolle wings physician's certification and all required information must be submitted before this request is					
process	sed.				
Because of the birth of my child, or because of the placement of a child with me for adoption or foster care.					
In order to care for my spouse/child/parent who has a serious health condition.					
\times	For a serious health condition that makes me unable to perform my job. THIS CONDITION IS _XIS NOT WORK RELATED.				
	Reques	ested intermittent or reduced			
	Leave	I would like to use r I would not like to use r Original request for Request for extender	my sick/personause my sick/persona leave	return date al days sonal days	/5/17
Empl	loyee Signatu	re <u>Hele M. Hab</u>	********	Date	12/5/16
Employee Signature					
Principal/Designee Signature					Date 12/5/16
Superintendent Signature				Date	
Board Secretary Signature				Date	
Board President Signature				Date	
-					

INGALLS MEMORIAL HOSPITAL

One Ingalls Drive

Harvey, Illinois 60426

(708) 333-2300

SHABAZZ

HELENE

DOB

10/29/1953

Acct#

3579751

MRN

00577977

Admit Date/Time

11/30/2016 5:53:00 PM

Unit

E5

Bed

E581-1

Admitting Physician

Mohammed Sadique Hussain, MD

The symptoms or health problems you should look out for after you leave the hospital are:

Call Your primary care doctor, Dr. C. Beck, If:

You have any fever over 100.4 degrees.

You notice unusual redness, swelling or drainage from your incision.

You have worsening pain.

You have any change in your condition.

Seek Care Immediately

Call 911 to take you to the nearest Emergency Deprtament if you have chest pain, shortness of breath, or any urgent problems or concerns.

Special Instructions

Make sure you come to your follow-up appointments with your doctor.

Call your doctor if your pain medication is not effective.

In addition to your pain medications, other relaxation methods may help relieve your pain such as breathing slowly and deeply or progressive muscle relaxation. Resuming activities or hobbies as tolerated may help distract you from focusing on your pain.

You are to follow up with your primary care physician, Dr. C. Beck, in 5 to 7 days. Bring your current list of medications and your discharge instructions to your next office visit.

You are also to follow up with Jessica Stoeberl Physician's Assistant for Dr. Carl Johnson in 2 weeks, please call 708-331-1122 for appointment.

You are to follow up with Dr. Almeda, cardiologist, in 2 to 3 weeks, please call (708)331-2200 for appointment.

Wound Care: Do not shower and no tub bath until okay by Dr. Carl Johnson. Wound care as Dr. Carl Johnson directed you.

FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN FOR AGE AND SEX APPROPRIATE HEALTH SCREENING

FEMALES: MAMMOGRAM, PAP SMEAR

ALL: SCREENING COLONOSCOPY, DIABETES SCREENING, LIPID SCREENING DIABETICS: ANNUAL OPTHALMOLOGY CHECK, ENDOCRINOLOGY

Teach Back Questions

12/4/2016 4:47 PM

INGALLS MEMORIAL HOSPITAL

One Ingalls Drive

Harvey, Illinois 60426

(708) 333-2300

SHABAZZ

HELENE

DOB

10/29/1953

Acct#

3579751

MRN

00577977

Admit Date/Time

11/30/2016 5:53:00 PM

Unit

E5

Bed

E581-1

Admitting Physician

Mohammed Sadique Hussain, MD

Discharge Dispostion

Home

Home Medical Equipment

Cane

CASE MANAGEMENT/SOCIAL SERVICE DISCHARGE INFORMATION IF APPLICABLE

You are to follow up with your primary care physician, Dr. C. Beck, in 5 to 7 days. Bring your current list of medications and your discharge instructions to your next office visit.

You are also to follow up with Jessica Stoeberl Physician's Assistant for Dr. Carl Johnson in 2 weeks, please call 708-331-1122 for appointment.

You are to follow up with Dr. Almeda, cardiologist, in 2 to 3 weeks, please call (708)331-2200 for appointment.

FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN FOR AGE AND SEX APPROPRIATE HEALTH

SCREENING

FEMALES: MAMMOGRAM, PAP SMEAR

ALL: SCREENING COLONOSCOPY, DIABETES SCREENING, LIPID SCREENING

DIABETICS: ANNUAL OPTHALMOLOGY CHECK, ENDOCRINOLOGY

HOME CARE DISCHARGE INFORMATION IF APPLICABLE

SUMMARY OF PATIENT DISCHARGE INSTRUCTIONS

Activity

Ambulatory

Activity

No heavy lifting until OK with your doctor.

No driving until OK with your doctor.

Do not return to work until OK with your doctor.

As directed by Dr. Hussain, Dr. Aboyeji, and Dr. Almeda.

Patient Diet

Regular, Vegetarian

If you want to make an appointment with an outpatient dietitian regarding your diet, ask your physician for a referral and call (708) 915-8850.

Call your doctor with any increase in shortness of breath or weight gain of 2-3 pounds in one week.

1/4 12/4/2016 4:47 PM