## WEST VIRGINIA STATE BOARD OF EXAMINERS FOR LICENSED PRACTICAL NURSES 101 DEE DRIVE, SUITE 100 CHARLESTON WV 25311

TELEPHONE: (304) 558-3572 FAX: (304) 558-4367

EMAIL: <u>lpn.board@wv.gov</u> WEBSITE: <u>https://lpnboard.wv.gov</u>

## REQUEST FOR MEDICAL EXEMPTION TO CARE FOR IMMEDIATE FAMILY MEMBER

I,, here REINSTATEMENT of my WV LPN the employment practice requirement, this eligible for a medical exemption during any prorated based on inclusive dates of disabil exclude me from any audit of my continuing to verify this information.	is ONLY VALID FOR THE CURF y subsequent reporting cycle. lity. I further understand that	I understand that is grante RENT REPORTING CYCLE, ar I also understand that this utilization of this medical e	d EXEMPTION from ad that I will not be s exemption will be exemption does not
Signature of Licensee Social Security Number: XXX-XX		Date	
This certification must be completed by the t	necessary for the above-nam	n, specialist physician, chiropra ned individual to be ava due to these responsibiliti	ilable to care for
<u>Dates of Disability</u> : Beginning Date:			
PHYSICIAN SIGNATURE	LICENSE NUMBER	DATE	_
ADDRESS: Street	City	State	Zip
*THIS FORM MUST BE RETURNED TO THE	WV LPN BOARD BY THE VERIF	YING PHYSICIAN WITH A CO	PY OF PATIENT'S

**CURRENT HISTORY AND PHYSICAL.**