EMPLOYEE ABSENCES (ILLNESS)

Reference: Policy GBGAC "Provision of Medical Certificates"

MEDICAL CERTIFICATE

To the Physician:

_____ has been off work due to illness since

_____ and has been asked to provide a Medical Certificate.

Employee's Authorization for Release of Information

I, _____, hereby authorize my physician to complete the physician's statement.

Employee signature _____

Date: _____

Physician's Statement

1. Following examination, I certify that the above-mentioned person will be unable to work due to

   _____

   _____

   from _____ to _____

   This will prevent the above-mentioned person from working because:

   _____

   _____

2. a) Has a treatment/recovery plan been prescribed? _____

   b) Is the person participating in and following the recommended Treatment Plan?

   _____

3. It is anticipated the employee will be able to return to full duties on

   _____

4. Reassessment date (if necessary) _____

(continued)

Extended Illnesses

5. What is the prognosis and anticipated duration of the illness?

- Return to full duties _____ (date)
- Possible return to modified duties _____ (date) (see below)
- Unknown duration, will reassess _____ (date)

6. **Modified Duties/Restrictions:**
He/she may perform modified duties with the following restrictions:
(Please be specific as to the restrictions).

Standing/Walking: _____ (check if restrictions exist)
- Restrict standing to _____ minutes/hour
- Restrict walking to _____ minutes/hour

Lifting: _____ (check if restrictions exist)
- restrict lifting to _____ minutes/hour
- right hand _____ lb. restriction
- left hand _____ lb. restriction

Pushing/Pulling/Reaching: _____ (check if restrictions exist)
- right hand/arm, push/pull _____ lb. restriction
- left hand/arm, push/pull _____ lb. restriction
- above shoulder reaching _____ minutes/hour
- forward shoulder reaching _____ minutes/hour

7. Is there any accommodation required by the employer to ensure a safe return to work?

Comments:

_____
_____
_____
_____

(continued)

Physician's Signature _____ Date: _____

Address: _____

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Signature: _____ Date: _____