



CONFIDENTIAL

School District No. 41 (Burnaby)
HUMAN RESOURCES DEPARTMENT
5325 Kincaid Street, Burnaby, B.C., V5G 1W2
Phone: 604-664-8441 Fax: 604-664-8584

MEDICAL CERTIFICATE FOR *RETURN TO* REGULAR WORK DUTIES

TO THE PHYSICIAN:

_____ has been asked to provide a medical certificate verifying his/her medical fitness to return to regular and sustainable work duties.

School District #41 (Burnaby) promotes successful return to work in a sustainable manner. Strict confidentiality is adhered to by this School District.

EMPLOYEE'S AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize my physician to complete this Physician's Statement. I authorize my physician to fully respond to the requested statement questions below as it relates to my request for a sustainable return to regular work and the guidelines of the College of Physicians and Surgeons on medical certificates.

Employee's Signature _____ Date _____

PHYSICIAN'S STATEMENT

1. Following examination, I certify that the above mentioned person is ready for a sustainable return to regular work duties on:

_____ (Date)

2. Has this person been referred to a medical specialist?

Yes _____ No _____

3. Are any medical follow-ups occurring related to this illness/injury?

4. Does this person have cognitive and/or physical demand restrictions, which require a graduated return to work and/or an accommodation?

Yes _____ No _____

If yes, please outline the schedule for the graduated return to work and or the limitations that require accommodation, e.g. cannot stand for long periods of time:

NAME OF ATTENDING PHYSICIAN (please print) _____

Address _____ Postal Code _____

Phone _____ Date _____

Signature _____

*The information in this report is considered confidential.
Any charge for completion of this form is the responsibility of the claimant.*

COLLEGE OF PHYSICIANS & SURGEONS OF BRITISH COLUMBIA

Excerpt from Policy Manual M-2

- Ensure that any statements which you make are, to the best of your knowledge, accurate and based upon current clinical information about the employee. For example, you should not certify that an employee has been unfit to work simply because the employee tells you so.
- Before giving an opinion on an employee's fitness to work, a physician should be sure that the physician has accurate information about the requirements of the employee's job.
- The physician should not state that the employee has been under the physician's care for any time during which the employee was not in fact the physician's patient.
- Physicians should ensure that they have received the employee's consent to provide information to the employer or its insurer.
- Physicians should take care not to disclose more information than is covered by the employee's consent or is required by the employer's request. For example, diagnosis and treatment information is not normally required to questions concerning fitness to work or prognosis for future attendance at work.

While reference in this article has been to forms required by a patient's employer or that employer's insurer, it is plain that the guidelines offered have just as ready application to the other sorts of forms which patients ask physicians to complete in order that patients can avail themselves of the benefits to which they may be entitled. No physician is immune from request to complete forms, and all physicians know how repetitive and tedious and time consuming this activity can be. The point is, however, that carelessness in the completion of forms can cause serious medico-legal difficulty for a physician, just as can carelessness in the management of a patient.