



**School District No. 41 (Burnaby)
HUMAN RESOURCES DEPARTMENT**

4054 Norfolk Street, Burnaby, B.C., V5G 0C3

Phone: 604-296-6900 E-mail: humanresources@burnabyschools.ca

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

Following examination, I certify that the above mentioned person is ready to return to regular work duties on:

_____ (Date)

This illness / injury prevented this person from working because:

Has this person been prescribed a course of treatment and is he/she following the course of treatment? YES NO

Has this person been referred to a medical specialist? YES NO

Are any medical follow-ups related to this illness/injury? YES NO

When? _____

Does this person have any cognitive or functional limitations that prevent them from performing their duties. If yes, please identify the cognitive or functional limitations:

Does this person require a graduated return to work? If yes, what recommendations do you have to facilitate a GRTW (e.g. stand; sit; bend)

NAME OF ATTENDING PHYSICIAN (please print) _____

Address _____ Postal Code _____

Phone _____ Signature _____

Date: _____

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.