

Confidential Medical Certificate

Employee absence due to illness, accident, injury
and/or medical appts.

To accommodate our Employees who need to be absent from their employment, or who require modified work due to illness or injury, we request your assistance in completing this form. If you would like a copy of the Employee's job description, please let the Employee know or you can contact our Human Resources Dept. at (705) 746-7777. Please note, our organization has a comprehensive "Return to Work Program". Human Resources Department Fax #: (705) 751-5370.

Name of Employee: _____

Employee's position at the District of Parry Sound Social Services: _____

All sections below must be completed by a Physician or Nurse Practitioner only.

1) This Employee was/will be absent from work: _____
Date(s)

Reason for Absence: Accident Injury Illness Appt.
If "Appt.", please skip to Section 4 of this Form.

2) Return to work date (if "unknown" please provide best estimate): _____

3) Date of Accident/Awareness of Illness: _____

For accommodation and WSIB purposes only, please provide information related to injury or illness:

Please indicate whether or not this Employee was examined by you to determine the necessity and length of this absence: Yes No Date(s): _____

Is illness, accident or injury a result of the Patient's employment? Yes No

Is the Patient currently under your care? Yes No

Will Patient continue to be seen by you, on a regular basis, until their Return to Work? Yes No

For the RETURN TO WORK please complete District of Parry Sound Social Services Administration Board Functional Abilities Return to Work Form.

Additional Comments: _____

4) Name of Attending Physician or Nurse Practitioner _____

Please check one: Nurse Practitioner Physician

Signature _____ Date: _____

(All costs associated with the completion of this form are the responsibility of the Employee. This form will be used in determining the Employee's salary protection, if applicable.)