SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)
1383 Ninth Avenue Kamloops BC V2C 3X7
Phone: (250) 374-0679 • Fax: (250) 372-1183

Medical Certificate

Request for Partial Medical Leave

To the Physician:

_____ has been asked to provide a Medical Certificate explaining the reasons for the need for partial medical leave from:

_____ to _____

Employee's Authorization for Release of Information

I, _____ hereby authorize my physician to complete this "Physician's Statement" and to release this Medical Certificate to my Employer. The guidelines of the College of Physicians and Surgeons are attached.

Employee's Signature: _____ Date: _____

Physician's Statement

Confirmation of Reasons for Partial Medical Leave

1. Following examination, I certify that the above mentioned person, while medically unable to work his/her full assignment, is capable of working part time on the following time basis:

_____

_____

_____

_____

2. I certify that the above mentioned person requires a partial medical leave due to:

_____

_____

_____

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3. Course of Treatment:

   a. Has this person been prescribed a course of treatment for the medical condition rendering him/her unable to work his/her full assignment?

   _____

   _____

   b. If no course of treatment has been prescribed, has a course of treatment been recommended for this person to follow related to the medical condition rendering him/her unable to work his/her full assignment?

   _____

   _____

   c. If a course of treatment has been prescribed or recommended, has this person followed the prescribed or recommended course of treatment?

   _____

   _____

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

   Yes _____ No _____

4. This illness/injury will prevent this person from working their full assignment because:

   _____

   _____

   _____

5. He/she was seen by me regarding this illness/injury on

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6. What medical follow-ups, if any, are occurring related to this illness/injury?

_____

_____

7. I estimate that this person will be able to return to their full assignment on

_____

8. Are there ways to address the medical cause of this person's application for partial medical leave by alterations to this person's assignment other than a reduced load?

_____

_____

_____

_____

_____

9. For informational purposes, this is to make you aware of the availability for employees of the ***Employee and Family Assistance Program (EFAP)***.

Attending Physician (please print)

Name _____ **Date** _____

Address _____ **Postal Code** _____

Signature _____ **Phone #** _____

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

Revised: September, 2005