

Medical Note

Employee Authorization

I consent to the release of the following information to my employer and/or WCB. The following information is required to allow my employer to assist me in returning to work or assisting in work accommodation as required.

Employee Name: _____ **Employee Signature:** _____
School/Location: _____ **Position:** _____ **Date:** _____

1. Date of last attendance on patient: _____ Date of next clinical review: _____

2. Has the patient been referred to a specialist who would have relevant information concerning the issues discussed in this report?
 No _____ Yes _____ to Dr. _____

3. In your opinion is the patient fit for fulltime duties? Yes _____ No _____

If No, are they able to return to:

- Modified Hours (please specify recommended hours and duration under #5 – Additional Information)
- Gradual Return to Work hours (please specify recommended scheduled and duration under #5 – Additional Information)

a) In your opinion on what date can we expect the patient will be fit for full time duties: _____

b) **Please identify the specific restrictions or limitations that would prevent them from fulfilling their duties now:**
(Please provide restrictions, NOT recommendations)

- i) Physical Restrictions/Barriers: _____

- ii) Cognitive Restrictions/Barriers: _____

- iii) Socio-Emotional or Psychosocial Restrictions/Barriers: _____

4. Is the patient currently on a course of treatment that involves prescription drugs or over-the-counter medications that carry any warnings or precautions that may be relevant to the performance of their duties or which could affect their safety or the safety of others while working or otherwise? Yes ____ No ____

If yes, please describe any limitations: _____

5. Please provide any additional information that you feel would be pertinent and beneficial in order to assess the patient's ability to return to work without causing harm to their health or to students:

Physician's Name: _____ **Signature of Physician:** _____ **Date:** _____

EMPLOYEE: Please submit completed form to Principal/immediate supervisor and original must be sent to Jamie Henry in Human Resources department