University of Victoria

Physician's Certificate

Please refer to instructions on reverse

Employee Information: Please complete the upper part of this form and give to your physician.
Contact your supervisor, work-life consultant or union representative if you have questions.

Employee (Surname, Given Name/s):	**Address:**	**Contact Number:**
Department:	Job Title/Position:	Supervisor/Manager:
Regular Work Schedule:	Last Day Worked:	

I authorize my physician to complete this form to assist the university with the administration of sick leave benefits as per the applicable collective agreement. I understand this information may also be used to assist in return to work planning as appropriate.

Employee's Signature X _____ Date Signed: _____

Physician Information (Please respond as completely as possible)

Date of examination:	Is the current absence related to an illness or injury? ☐ Yes ☐ No	Is the absence due to a WorkSafe claim? ☐ Yes ☐ No
Have you recommended a treatment program for your patient? ☐ Yes ☐ No Is your patient following this treatment program? ☐ Yes ☐ No	Date cleared to return to work (RTW): ☐ To modified duties/hours _____ ☐ To regular duties _____ If RTW date is unknown, what is the minimum expected duration of absence:	

Indicate patient's functional limitations preventing your patient from performing the regular duties of their employment:

Additional Comments:

I have discussed the above information with my patient: ☐ Yes ☐ No	Date of next appt:
Physician's Name:	Physician's Signature/Stamp:

Please Note: If there is a cost associated with this request, the university will reimburse employees for costs if they present a receipt to their department.

Return the completed form marked confidential to your supervisor or send to your work life consultant at:
Human Resources, Sedgewick Building, Vandekerkhove Wing, PO Box 1700 STN CSC, Victoria BC, V9A 6N1 or Fax to: 250 721-8094

The University of Victoria collects the personal information on this form pursuant to the University Act, RSBC 1996, c.468, section 27 (1)(c) of the Freedom of Information and Protection of Privacy Act, university policies and employee collective agreements. The information is collected by Human Resources for the purpose of administering sick leave benefits and return to work initiatives. Should you have any questions about this collection, contact the work life consultant in Human Resource at the address below or read schedule 1 of the University Procedures for the Management of Personal Information which lists examples of the types of personal information collected and purposes of the collection at: http://www.uvic.ca/shared/shared_usec/docs/policies/GV0235.pdf.

Instructions for Physician's Certificate

The Physician's Certificate is designed to:

- Provide a standardized format for employees to provide information to the university in support of sick leave and/or return to work from illness or injury
- Ensure the employee's supervisor or manager is provided with guidance regarding the employee's functional limitations, restrictions and prognosis (diagnosis not required)

Wherever operationally possible, supervisors will identify modified duties that meet the employee's limitations to provide early, safe, modified return to work opportunities.

Supervisor or Manager Responsibilities

Supervisors or managers are responsible for approving sick leave for their employee. The Physician's Certificate may be used to obtain medical evidence of an employee's inability or ability to work in any of the following circumstances:

- where the supervisor or manager requires information in support of sick leave as per the employee's applicable collective agreement
- where it appears that a pattern of consistent or frequent absence from work is developing
- where previous information indicates a medical review date or anticipated return to work date and that date has passed
- where a supervisor or manager requires medical clearance of an employee's ability to return to work

Where an employee has provided satisfactory evidence for a particular absence due to a medical illness or injury it is not necessary for the supervisor or manager to request completion of the Physician's Certificate.

Employee Responsibilities

Employees are responsible for reporting absences due to illness or injury to their supervisor or manager through the regular call-in procedure established by the department or unit. Employees are responsible for providing documentation of medical illness or injury from their physician so the university will be able to assess eligibility for sick leave benefits and identify any opportunity for early, safe, modified return to work opportunities. Payment of sick benefits requires satisfactory evidence of an employee's medical inability to perform the duties of their job.

Physician's Responsibilities

The completed form must clearly state the physical or mental functional limitations impacting the employee's ability to perform their job. This does not require detailing the actual diagnosis, but rather the physical or mental limitations and restrictions resulting from that diagnosis.

Clear statements of the physical and mental limitations and restrictions will greatly assist in facilitating positive outcomes. For example, "employee is unable to bend at the knees" in situations where the employee works in a physical job or "employee cannot concentrate or remember tasks" when there are significant cognitive demands of a job.

General

If employees or supervisor and managers have questions related to the completion of this form, they can call their work life consultant in Human Resources for advice. Further information for specific union groups can be found on the Human Resources website under Frequently Asked Questions **(http://web.uvic.ca/hr/worklifesupport/FAQs.htm)**.