



FACULTY PHYSICIAN'S CERTIFICATE

Instructions on reverse. Contact supervisor, work life consultant or union representative if you have questions.

FACULTY MEMBER INFORMATION: employee to complete and provide to physician		
Name (last, first):	Address:	Contact number:
Faculty position:	Chair / dean:	Faculty / department:
Email address:	Last day worked:	
<i>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.</i>		
Faculty member signature X _____		Date signed _____

PHYSICIAN INFORMATION: please respond as completely as possible. When completing this form, please keep in mind that faculty positions do not have standard job descriptions but will often include: teaching, research and administration. If you determine that the faculty member can perform portions of their role, we may be able to accommodate their abilities.		
Primary nature of illness/disability: Do co-morbid conditions exist? no yes (if yes, please explain)		
Date of examination:	Date of symptom onset:	Date of first visit for this absence:
Date of next medical review:	Estimated return to modified duties:	Estimated return to full duties:
Is this an: illness injury other _____	Is the condition: improving unchanged deteriorating	
Has a treatment plan been prescribed? no yes	Is the patient following a treatment plan? no yes	
Please list functional limitations (e.g. physical/cognitive limitations) and/or restrictions (e.g. hours of work): 		
Prognosis 		
Will the patient require time off during the return to work plan to attend treatment plan appointments? no yes If yes, provide details: 		
Physician's name:	Physician's signature / stamp:	





PHYSICIAN'S CERTIFICATE INSTRUCTIONS

Return the completed form marked confidential to your supervisor or send to your work life consultant (contact information in document header). If there is a cost associated with this request, the university will reimburse employees for costs if they present a receipt to their department.

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: uvic.ca/shared/shared_usecdocs/policies/GV0235.pdf.

The physician's certificate is designed to:

- provide a standardized format for faculty to provide information to the university in support of sick leave and/or return to work from illness or injury
- ensure the faculty's supervisors are 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.

For more information, refer to the [Collective Agreement](#).

General:

If faculty or chairs / deans 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 (uvic.ca/hr/life-events/illness-or-injury).

