

Dear Physician,

On March 8, 2021, B.C.'s Provincial Health Officer, Dr. Bonnie Henry, advised public post-secondary institutions to begin planning for a full return to on-campus teaching, learning and research in September. Dr. Henry expressed deep confidence that the combination of mass immunization contributing to community immunity, the application of revised health and safety protocols in the COVID-19 Go-Forward Guidelines for B.C.'s Post-Secondary Sector, and the regular review and updating of multilayered institutional safety plans will support the safe resumption of on-campus activities.

Your patient has made a request for a medically-based work accommodation in which they request avoiding face-to-face (on campus) duties due to COVID-19. It is the University's practice to accommodate any employee who has an illness or disability that prevents them from undertaking some or all of their expected duties. Such an accommodation is arranged based on medical information indicating the presence of medical limitations that impact the employee's functional abilities to perform their job. We would appreciate your completion of this form to provide advice to the employer about this patient's ability to undertake their expected duties, as self-described by the patient in the attached role description.

**Patient Name:** \_\_\_\_\_ **Date Seen:** \_\_\_\_\_

1. Does your patient have a diagnosed disability or DSM-5 medical condition which may affect their ability to perform face-to-face duties as outlined in the attached role description?

Yes  No **If yes, please check all appropriate boxes:**

Medical Condition	Medical Limitations
<input type="checkbox"/> permanent	<input type="checkbox"/> episodic <input type="checkbox"/> ongoing <input type="checkbox"/> yet to be determined (please explain)
<input type="checkbox"/> temporary	<input type="checkbox"/> episodic <input type="checkbox"/> ongoing <input type="checkbox"/> yet to be determined (please explain)
<input type="checkbox"/> yet to be determined	<input type="checkbox"/> episodic <input type="checkbox"/> ongoing <input type="checkbox"/> yet to be determined (please explain)

2. Does the medical condition above require an accommodation, based on the duties outlined in the attached role description?  Yes  No

3. Please indicate the functional medical limitations and anticipated duration they will prevent your patient from performing the regular duties of their job face-to-face (on campus).

Comments :

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4. Please advise under what circumstances, if any, the patient can undertake face-to-face duties? (for example, the provision of PPE, physical distancing, hygiene practices, etc. that go beyond the university's COVID-19 safe work protocols in place. Information about the University of Victoria's Safe Work Plans is available at: <https://www.uvic.ca/ohse/covid-19/safeworkplans/index.php>).

Comments :

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5. Will the need for accommodation be removed under the following conditions?

Patient receives a first COVID-19 vaccination Yes No

Patient receives a second COVID-19 vaccination Yes No

Other conditions: (please describe) Yes No

Comments:

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By signing this form, I acknowledge that I have read all pages of this letter, including the attached role description.

PHYSICIAN'S NAME AND ADDRESS (Stamp and signature)

Date

*NOTE TO EMPLOYEE: 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. Once the physician's response is reviewed, you will be contacted by your Worklife Consultant to discuss next steps.*



## Role Description for Patient Name:

(Note: Either attach your current role description or describe the duties impacted by your illness/disability)