MEDICAL CERTIFICATE

REQUEST FOR EXTENDED or PARTIAL MEDICAL LEAVE

The information in this report is considered confidential.

Please note: Any costs incurred for completion of this form is the patient's responsibility.

A. To Be Fully Completed by Employee

Employee's Surname: _____ Given Names: _____

Work Location	Position	Start Date of Current Absence _____ (D/M/Y)

I authorize my health care provider(s) to complete this Physician's Statement and to release this Medical Certificate to my Employer.

_____ _____

Employee Signature Date Signed (D/M/Y)

B. Physician's Statement: To Be Fully Completed by Attending Physician

Examination Date _____ (D/M/Y)	Has this individual been referred to a medical specialist? ☐ Yes ☐ No	I anticipate that this individual will be able to return to their full work assignment on: _____ (D/M/Y)
Have you recommended a treatment program for your patient? ☐ Yes ☐ No	Is your patient following this treatment program? ☐ Yes ☐ No	Please indicate if this claim is either of the following: ☐ WorkSafe BC ☐ ICBC

I certify that the above named individual requires a medical leave due to:

In the case of a partial leave request, are there ways to address the medical cause other than a reduced workload? If yes, please elaborate.

This illness will prevent this employee from working because:

When this employee returns to work I anticipate the following restrictions: (please include duty restrictions, maximum hours per day and estimated length of gradual return to work)

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

For information purposes only: Please be aware of the availability of Employee and Family Assistance Program (EFAP)

I have discussed the above information with my patient ☐ Yes ☐ No

Physician's Name	Physician's Signature	Date Signed _____ (D/M/Y)	Physician Tel. No.
Physician's Address			Physician Fax No.

Please return this form to Gulf Islands School District:

Attention: D'Arcy Deacon, Director of Instruction fax/email address: 250. 537.4200 / ddeacon@sd64.org

March 9, 2020