



DOCTOR'S CERTIFICATE FOR SICK LEAVE

The information on this form is collected in accordance with the sick leave plan of BC Assessment. BC Assessment is bound by the Freedom of Information and Protection of Privacy Act. Any questions regarding this form should be directed to the People (HR) Department (250) 595-6211.

ALL COSTS FOR COMPLETION OF THIS FORM ARE THE RESPONSIBILITY OF THE PATIENT

A. TO BE COMPLETED BY EMPLOYEE. PLEASE TYPE OR PRINT CLEARLY.

Form A: TO BE COMPLETED BY EMPLOYEE. Includes fields for Employee Full Name, Physician's Name & Address, Start Date of Current Absence, and Employee Signature.

B. TO BE COMPLETED BY ATTENDING PHYSICIAN. PLEASE TYPE OR PRINT CLEARLY.

Please note - incomplete or inadequate responses may result in a denied sick leave claim and/or require further medical information.

Form B: TO BE COMPLETED BY ATTENDING PHYSICIAN. Includes fields for Date of medical examination, Nature of illness, Return to Work (RTW) goals, and treatment recommendations.

C. TO BE COMPLETED BY ATTENDING PHYSICIAN FOR PATIENTS REQUIRING WORKPLACE MODIFICATIONS OR ACCOMMODATIONS

Form C: TO BE COMPLETED BY ATTENDING PHYSICIAN FOR PATIENTS REQUIRING WORKPLACE MODIFICATIONS OR ACCOMMODATIONS. Includes fields for Date patient able to return to work, suggested modifications, and RTW details.

PHYSICIANS - PLEASE KEEP A COPY OF THIS REPORT FOR YOUR RECORDS

Please return completed form to the patient to provide to the People (HR) Department OR email to: Peopleleave.management@bcassessment.ca OR fax to HR's confidential fax # 250-595-3733 (Victoria, BC) OR mail to: BC Assessment People (HR) Department, #400-3450 Uptown Blvd., Victoria, BC V8Z 0B9

Instructions for Doctor's Certificate for Sick Leave form

Payment of sick leave benefits requires satisfactory evidence of an employee's medical inability to perform the duties of their job.

The Doctor's Certificate is designed to:

- provide a standardized format for employees to provide information to the employer in support of sick leave and/or returning to work from illness or injury
- ensure the employer is provided with guidance regarding the employee's functional limitations, restrictions and prognosis (diagnosis not required)
- provide the employer with the nature of illness and/or injury of the employee NOT the diagnosis

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

The Doctor'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 employer requires information in support of sick leave as per the 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 the employer requires medical clearance of an employee's ability to return to work

Employees are responsible for:

- reporting absences due to illness or injury to their supervisor or manager through the established call-in procedure
- providing documentation of medical illness or injury from their physician so the employer will be able to assess eligibility for sick leave benefits and identify any opportunity for early, safe, modified return to work opportunities.

Supervisors or managers are responsible for:

- working with the People (HR) department and the ill/injured employee in planning and providing accommodations for employees returning to work
- requesting supporting medical information as required
- advising the People (HR) department of any issues or concerns noted during an employee's return to work program

The Union is responsible for:

- providing guidance and support to members in the bargaining unit, when requested by the ill/injured employee

Physician's Responsibilities:

The completed form must clearly state the physical and/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 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. Incomplete information may lead to additional appointments for further details supporting an employee's request for paid sick leave benefits and/or their return to work.

General:

If you have questions related to the completion of this form, please call the People (HR) Programs Advisor for advice. Further information can be found on the People Division's website under Health & Safety.