

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.

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|---|---|
| A. TO BE COMPLETED BY EMPLOYEE. PLEASE TYPE OR PRINT CLEARLY | Y. |
| EMPLOYEE FULL NAME | PHYSICIAN'S NAME & ADDRESS (PLEASE PRINT OR USE OFFICE STAMP) |
| START DATE OF CURRENT ABSENCE (YYYY-MM-DD) | |
| Is this a: WCB claim? Date of injury (YYYY-MM-DD): ICBC claim? Date of injury (YYYY-MM-DD): | |
| I authorize my physician to complete this form to assist BC Assessment with the administrat may also be used to assist in return to work planning as appropriate. | ion of sick leave benefits as per the collective agreement. I understand this information |
| EMPLOYEE SIGNATURE: | DATE SIGNED (YYYY-MM-DD) |
| B. To be completed by attending physician. Please type or pr | INT CLEARLY. |
| Please note – incomplete or inadequate responses may result in a c | |
| Date of medical examination: (YYYY-MM-DD) | When did this illness start? (to the best of your knowledge) (YYYY-MM-DD) |
| Please describe the nature of the illness/injury (e.g. physical, cognitive, surgical | recovery, virus) |
| The Employer can accommodate modified hours &/or duties. Have Return In your medical opinion, is your patient: | To Work (RTW) goals been discussed with your patient? YES / NO |
| ☐ Able to return to full hours/duties (Please provide a RTW date and skip | o to the bottom of the form and date/sign – no further information required) |
| ☐ Able to work a modified hours/duties (Please complete Section C) | |
| ☐ Not currently fit for any duties | |
| When do you anticipate that your patient will be able to return to work with modif | ied hours and/or duties: |
| ☐ Less than 2 weeks ☐ Less than 1 month ☐ Between 1 - 2 months ☐ Other (please specify) | |
| When do you anticipate your patient will be able to return to full, unrestricted duti | |
| If the absence is greater than 2 weeks indicate how the medical condition prev (functional limitations or restrictions): | vents your patient from performing the regular duties of their employment |
| Have you recommended a treatment program for your patient? YES / NO | s your patient following the recommended treatment program? YES / NO |
| My opinion is based on: Information from my patient Clinica | al examination of my patient |
| C. TO BE COMPLETED BY ATTENDING PHYSICIAN FOR PATIENTS REQUIRING WORKPLACE MODIFICATIONS OR ACCOMMODATIONS | |
| Date patient able to return to work: (YYY-MM-DD) | |
| Please indicate any suggested modifications to hours &/or duties that might assist | st the employee to return and/or remain at work: |
| Please provide RTW details and specify # hrs/day and # days/week your patient | is able to work, and any duties the employee should not be completing: |
| These modifications are: ☐Permanent ☐Temporary | |
| I have discussed the information above with my patient. | |
| | gned (YYY-MM-DD) |

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.