



Medical Certificate of Disability and / or Return to Work

In order to qualify for Sick Benefits, employees must provide a medical certificate from a qualified medical practitioner, certifying that the employee is/was absent from work due to illness or injury, and is now fit to resume regular or modified duties. Your assistance in completing this form is appreciated. The Thames Valley District School Board will pay a reasonable and customary fee up to \$35.00 for completion of this form.

Employee: _____

Date(s) of Absence: From: _____ To: _____

Nature of Illness/Injury: _____

Employee: Was/Is Under My Care Advised Me of Absence on _____

If Other please explain: _____

Employee is fit to return to full duties with no limitations on _____.

Employee is fit to return to **work with limitations**. Please Complete Reverse Side. →

Employee is unable to return to work. **Estimated Duration of Absence:** _____

IF the employee is **unable to return to any form of modified duties** (see reverse side), please explain what is preventing him/her from performing modified duties.

Treatment Plan _____

When in your opinion do you anticipate this employee will be ready to return to modified duties or full duties?

Medical Practitioner : _____

Signature: _____

Address: _____

Date: _____

Telephone No: _____

Fax: _____

I am authorizing the treating medical practitioner, as listed above, to provide the TVDSB - Occupational Health Nurse with information regarding my **Functional Abilities** with respect to returning to modified or full duties of work. I understand that no other confidential medical information will be released under this signature.

Employee Signature: _____

Date: _____

Thank you for your co operation,

Debby Kenny, R.N. COHN (C)CIC
Occupational Health Nurse
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