



School District 69 (Qualicum)  
Box 430, Parksville, BC V9P 2G5

Phone (250) 248-4241  
Confidential Fax (250) 954-1259

## **MEDICAL CERTIFICATE** **Request for Extended Medical Leave**

To the Physician:

\_\_\_\_\_ has been asked to  
provide a Medical Certificate explaining the reasons for the need for extended medical leave from:

\_\_\_\_\_ to \_\_\_\_\_

### **Employee's Authorization for Release of Information**

I, \_\_\_\_\_ hereby authorize my physician to complete this Physician's Statement and to release this Medical Certificate to my Employer. The guidelines of the College of Physicians and Surgeons are attached.

Employee's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Physician's Statement**

Confirmation of Reasons for *Extended* Medical Leave

1. Following examination, I certify that the above mentioned person requires an extended medical leave due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. This illness will prevent this person from working because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Course of Treatment:

- a. Has this person been prescribed a course of treatment for the medical condition rendering him/her unable to work his/her full assignment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Physician's Statement

- b. If a course of treatment has been prescribed or recommended, has this person followed the prescribed or recommended course of treatment?

---

---

---

- c. Has this person been referred to a medical specialist?  Yes  No

4. He/she was seen by me regarding this illness/injury on: \_\_\_\_\_

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

---

---

---

6. I estimate that this person will be able to return to their duties on:

---

7. 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):

---

---

---

---

8. For Informational purposes, this is to make you aware of the availability for employees of the Employee and Family Assistance Program (EFAP).

Name of Attending Physician (please print) \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***The information in this report is considered confidential.  
Any charge for completion of this form is the responsibility of the claimant.***

## **Medical Certificates**

### **Legal Liability of Physicians**

Physicians are frequently asked to provide medical certificates for a patient's employer. These certificates are needed to meet requirements of the employer's disability insurer.

The following information may be requested:

- Has the employee been under the physician's care throughout the period of the employee's absence from work?
- Was the employee unfit to perform the regular job during the period of absence?
- Was the employee fit to perform other suitable available employment during the absence?
- When will the employee be fit to return to the regular job or to other suitable employment?
- Are there restrictions on the type of work which the employee can perform?
- Will the employee's medical condition be likely to cause any absenteeism in the future?

A physician may be pressured by the employee to provide information to the employer which meets the employee's objectives. However, physicians must recognize that employers and their insurers will be relying on the information provided to them by the physician in making a number of decisions concerning questions such as those raised above. A physician may be required to testify in proceedings involving a dispute between an employer and an employee. These proceedings could be before courts, boards of arbitration under collective agreements, boards of inquiry in human rights disputes, the Workers' Compensation Appeals Tribunal or a Workers' Compensation Board Reinstatement Officer. In such proceedings, the physician may be subpoenaed as a witness, required to produce clinical notes and examined and cross-examined under oath about the information already provided by the physician to the employer or the employer's insurer. Employers and insurers do indeed rely on representations made by physicians concerning the matters referred to above and in so doing they may incur financial liability for sick leave or disability pay. As well, the employer will be relying on representations that the employee is fit to return to work. Physicians should recognize that, if they provide misinformation or erroneous or unfounded opinions concerning such matters, employers and insurers who have relied on such representations may have claims for damages against the physician.

The following guidelines are suggested:

- Ensure that any statements made are, to the best of the physician's knowledge, accurate and based upon current clinical information about the employee. For example, do not certify that an employee has been unfit to work simply because the employee says so.
- Before giving an opinion on an employee's fitness to work, a physician should be sure that the physician has accurate information about the requirements of the employee's job.
- The physician should not state that the employee has been under the physician's care for any time during which the employee was not in fact the physician's patient.
- Physicians should ensure that they have received the employee's consent to provide information to the employer or its insurer.
- Physicians should take care not to disclose more information than is covered by the employee's consent or is required by the employer's request. For example, diagnosis and treatment information is not normally required to questions concerning fitness to work or prognosis for future attendance at work.

While reference in this article has been to forms required by a patient's employer or that employer's insurer, it is plain that the guidelines offered have just as ready application to the other sorts of forms which patients ask physicians to complete in order that patients may avail themselves of the benefits to which they may be entitled. No physician is immune from requests to complete forms, and all physicians know how repetitive, tedious, and time consuming this activity can be. The point is, however, that carelessness in the completion of forms can cause serious medico-legal difficulty for a physician, just as can carelessness in the management of a patient.

*CMPA - endorsed by College*