

MEDICAL CERTIFICATE



EMPLOYEE NAME _____

GENERAL NATURE OF INJURY/ILLNESS : _____

IS INJURY/ILLNESS REPORTED AS WORK RELATED? Yes No

DATE(S) REQUIRED TO BE OFF WORK:

Absence Begins On: _____ (yyyy/mm/dd)

Expected To Return to Work On _____ (yyyy/mm/dd)

(Please check one)

Fit for regular work

Fit for work – with restrictions or limitations

➤ See Page 2 or attach instructions for work restrictions

Temporarily totally disabled

➤ See Page 2 or provide observations below

➤ To be reassessed on: _____ (yyyy/mm/dd)

Extended Absence (5+ work days) or Modified Work Cases Only:

A Treatment Plan is: In place Being Developed N/A

Specialist Treatment in place for this condition? Yes No

Different from practitioner completing documentation?: Yes No

If YES, please provide name: _____

Other Comments/Observations:

Medical Practitioner Name (please print)

Signature and Date

Address

Telephone Number

Completed original forms are to be sent to Bow Valley College, Human Resources.
Advance copy may be faxed to 403-297-4867.

ONLY FOR MODIFIED WORK OR EXTENDED ABSENCE (1+ week)

Please describe any limitations as appropriate

PHYSICAL	Limitation	Describe
Computer Use	<input type="checkbox"/>	
Typing/Mouse	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	
Lifting/Carrying	<input type="checkbox"/>	
Phone	<input type="checkbox"/>	
Filing	<input type="checkbox"/>	
Push/Pull Objects	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

COGNITIVE & SOCIAL	Limitation	Describe
Coping with Normal Demands	<input type="checkbox"/>	
Coping with Unusual Demands	<input type="checkbox"/>	
Concentration/Focus	<input type="checkbox"/>	
Supervise Personnel	<input type="checkbox"/>	
Receive Direction/Supervision	<input type="checkbox"/>	
Interact with Public/Students	<input type="checkbox"/>	
Interact with Coworkers	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

WORK ENVIRONMENT	Limitation	Describe
Work Alone	<input type="checkbox"/>	
Work Outdoors	<input type="checkbox"/>	
Work in Normal Office	<input type="checkbox"/>	
Work in Classroom/Lab	<input type="checkbox"/>	
Regular Hours (7.25 to 8/day)	<input type="checkbox"/>	
Evening/Weekend Hours	<input type="checkbox"/>	
Overtime Hours	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

All information on this form is being collected in accordance with the Freedom of Information and Protection of Privacy Act, Alberta for the purposes of establishing eligibility for General Illness benefits and the administration of individual return to work arrangements. Once completed, this form is subject to statutory limits regarding access, disclosure, and retention. All questions may be directed to Bow Valley College, Human Resources Department. Please call (403) 410-1600 or email humanresources@bowvalleycollege.ca.