

MEDICAL CERTIFICATE



EMPLOYEE ABSENCE FROM WORK/FITNESS FOR MODIFIED WORK FORM

HEALTHCARE PROVIDERS: Please fax completed form and invoice to Wascana Centre Authority (306)565-2742

REASON FOR VISIT: ☐ Workplace Injury ☐ Personal Injury/Illness

Date of Injury/Illness (D/M/Y):

/ /

Employee Last Name:

Employee First Name:

Contact Number:

THIS SECTION TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER

Date of current visit (D/M/Y)

/ /

Date Employee can return to regular duties (D/M/Y)

/ /

EMPLOYEE RESTRICTIONS (IF APPLICABLE)

Modified Duties are Available

Date Employee can return to modified duties (If restrictions can be met) (D/M/Y)

/ /

Please check the appropriate box and circle the number of hours that can be worked daily.

☐ standing

2 4 6 8

☐ sitting

2 4 6 8

☐ lifting (#of lbs/kg) _____

2 4 6 8

☐ operating equipment

2 4 6 8

☐ overhead or forward reaching

2 4 6 8

☐ walking

2 4 6 8

☐ driving

2 4 6 8

☐ ladders

2 4 6 8

☐ pushing/pulling

2 4 6 8

☐ neck/trunk movement

2 4 6 8

☐ bending

2 4 6 8

☐ stairs

2 4 6 8

☐ computer/data entry

2 4 6 8

☐ kneeling/crouching

2 4 6 8

☐ environment (hot/cold weather, dust/fumes, etc.) _____

2 4 6 8

Date of reassessment (D/M/Y)

/ /

Is this employee on medications that would affect work performance or use of machinery?

☐ Yes

☐ No

Additional restrictions/limitations (Do NOT include any diagnosis):

Additional Referral (ie. Specialist, Functional Capacity, Cognitive Assessment, Psychological Assessment, other)

Physician's Name & Address:

Signature:

Date (D/M/Y):

Reviewed by Supervisor:

Signature:

Date (D/M/Y):

For purposes of confidentiality, please ensure that the completed form is handled in a sensitive manner and delivered to Wascana Centre Authority's Manager of Human Resources.

Wascana Centre Authority | Attention: Manager of Human Resources

2900 Wascana Drive | PO Box 7111 | Regina SK | S4P 3S7 | Phone (306)522-3661 | Fax (306)565-2742

Wascana Centre Authority

2900 Wascana Drive | PO Box 7111 | Regina SK | S4P 3S7 | Phone (306)522-3661 | Fax (306)565-2742

Dear Employee:

We understand that you have sustained an injury or illness. Wascana Centre Authority is committed to Ensuring a safe and early return to work of all our employees. We have a comprehensive Modified Work Program that can accommodate most temporary functional restrictions.

All employees are required to:

- Report your injury to your supervisor/manager immediately.
- Complete an Accident/Investigation Report with your supervisor within 24 hours of a work related injury or incident.
- **Bring this form to a Health Care Practitioner.**
- Advise the Health Care Practitioner that Wascana Centre Authority has a Modified Work Program.
- Accept modified work where the practitioner has determined the work is within your (the employee's capabilities).

Refusal to accept approved modified work may result in the suspension of wage loss benefits.

If you have any questions in regards to this program, please contact the Manager of Human Resources (306)347-1828 or the Manager of Safety (306)347-1839.

Dear Health Care Practitioner:

Wascana Centre Authority is committed to ensuring a safe and early return to work of all our employees. To fulfill our "Duty to Accommodate" obligations, Wascana Centre Authority has a comprehensive Modified Work Program that can accommodate most temporary functional restrictions.

- This program is designed to provide meaningful, productive work within the employee's medical capabilities after they have sustained either a work-related or home-related injury or illness.
- Employees in our Modified Work Program are required to check in and out with their Manager to inform us if they are experiencing any difficulties.
- **Please complete the reverse side of this page, outlining the employee's abilities so that we may accommodate them appropriately during their rehabilitation phase.**
- Please bill Wascana Centre Authority directly for the cost incurred in completing this form; attention: Manager of Human Resources.
- If you have any questions or concerns or you wish to discuss suitable tasks for this employee, please contact the Manager of Human Resources or the Manager of Safety at (306)522-3661.

Thank you for your assistance,

Ranae McKenzie
Manager of Human Resources