



# CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

## Human Resources Department

Box 2222, 2755 Highway 43 - Kemptville, Ontario - K0G 1J0  
Phone: 613-258-7757 Toll-Free: 1-800-443-4562 Fax: 613-258-3610  
www.cdsbeo.on.ca



### Medical Certificate

#### To Employee:

This certificate must be completed by yourself and your consulting physician \*\* and returned to Catholic District School Board of Eastern Ontario in order to provide evidence of illness or injury, and to verify the period of absence, or ensure your fitness to return to work safely.

#### Employee Consent

This authorizes the physician named below to release, to my employer the information specified below related to my present period of absence or request for accommodation from

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

\_\_\_\_\_  
*Employee Signature*

**To Physician:** The Employee named on this certificate has been absent from work due to illness/injury or has requested an accommodation in the workplace. Attached to this report, please find a comprehensive job description and job analysis of the duties regularly performed by this employee.

Your cooperation in completing this certificate is greatly appreciated.

Name of Employee \_\_\_\_\_ Name of Physician \_\_\_\_\_

Address of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

#### Physician's Statement

I am familiar with the above-named person's present condition and I have seen and have assessed his/her fitness for work.

1. General nature of the illness or injury \* / excluding diagnosis:

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

\* "Nature of the illness"(or injury) suggests a general statement of a person's illness or injury in plain language without any technical medical details, including diagnosis or symptoms. Although revealing the nature of an illness may suggest the diagnosis, it will not necessarily do so. "Nature of illness" and "diagnosis" are not congruent terms. For example, a statement that a person has a cardiac or abdominal condition or that she has undergone surgery in that respect reveals the essence of the situation without revealing a diagnosis.

\*\* In certain circumstances, the Board will approve completion of the certificate by a nurse practitioner, psychologist, or other acceptable health practitioner.

2. Date of initial examination?    / \_\_\_ / \_\_\_ / \_\_\_  
                                                D     M     Y

3. Condition is result of:

☐ non-occupational injury/illness      ☐ occupational injury/illness

4. When, in your opinion, is the employee anticipated to return to work?

To regular occupation      /    /    /  
D      M      Y

To lighter duties  
(With limitations as outlined below)      /    /    /  
D      M      Y

5. a) Is this employee ***totally disabled***?\*\*\* Yes ☐ No ☐

If not, please indicate below what limitations prevent them from working.  
The following restrictions will be placed on the employee upon return to work:

\*\*\* "Totally disabled" means the employee has a medically determinable physical or medical impairment due to injury or illness which prevents him/her from performing the regular duties of their position.

1. Limitation of physical efforts required movements
  - a) No lifting over \_\_\_\_\_lb./kg
  - b) No repetitive bending or twisting at waist or squatting \_\_\_\_\_
  - c) No prolonged walking – number of hours can walk \_\_\_\_\_
  - d) No prolonged standing – number of hours can stand \_\_\_\_\_
  - e) No prolonged sitting – number of hours can sit \_\_\_\_\_
  - f) No above shoulder work \_\_\_\_\_
  - g) Maximum hours of work/day \_\_\_\_\_
  - h) No repetitive fine finger movements, i.e. pinching, pulling, gripping \_\_\_\_\_
  - i) No repetitive crouching, kneeling or squatting \_\_\_\_\_
2. Limitation in operating equipment
  - a) Machinery (i.e. lifts etc.)
  - b) Motorized vehicles (i.e. wheelchairs)
3. Limitations in skin contact
  - a) Water, detergents, cleaning products

Cognitive	Describe Limitation	Expected Resolution Date
Attention and Concentration		
Learning & memory		
Decision making		
Judgment		
Organization & planning		
Social interaction		
Communication		
Adaptation		
Stamina		
Other		

5. Other Limitations or restrictions.

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6. a) Where the requested medical leave exceeds one month in duration, will ongoing medical treatment or appointments be necessary with respect to this injury/illness. Yes ☐ No ☐

b) Is the employee free of contagious illness and may they safely handle food and medications? Yes ☐ No ☐

7. This form shall be provided by the physician to the employee who will then deliver it to the Human Resources Department.

8. The CDSBEO will pay a customary fee for the completion of this form.

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Physician's Signature

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Date of Completion