



CONFIDENTIAL

School District No. 37
Human Resources Division
4585 Harvest Drive
Delta, B.C. V4K 5B4

Phone: 604 946-4101 Fax: 604 952-5378

MEDICAL CERTIFICATE – PART-TIME MEDICAL LEAVE

Please return marked **CONFIDENTIAL** to:
Shannon Hunt, District Administrator, Human Resources

To the Physician:

_____ has been asked to provide a Medical Certificate explaining the reasons for extended medical leave from _____ to _____

Employees Authorization for Release of Information

I _____ hereby authorize my physician to complete this "Physician's Statement" by fully answering the inquiries and questions in "Physician's Statement" consistent with the Guidelines of the College of Physicians and Surgeons on medical certificates (M-2).

Employee Signature

Date

Physician's Statement

Following examination, I certify that the above-mentioned person, while medically unable to work his/her full assignment, is capable of working part-time on the following time basis

I certify that the above mentioned person requires a partial medical leave due to

Course of Treatment

(a) Has this person been prescribed a course of treatment for the medical condition giving rise to the request to teach a partial teaching assignment?

Cont'd...

(b) If no course of treatment has been prescribed, has a course of treatment been recommended for this individual to follow:

(c) If a course of treatment has been prescribed or recommended, has this person been following such prescribed or recommended course of treatment?

(d) Have medical follow-ups occurred or are they occurring in connection with the medical condition giving rise to a request to teach a partial teaching assignment?

(e) This illness/injury will prevent this person from working their full assignment because

(f) He/she was seen by me regarding this illness/injury on _____

(g) I estimate this person will be able to return to their full teaching assignment on _____

(h) Can the medical condition, which is the cause of this application for working a partial teaching assignment, be addressed by alterations to this person's assignment other than a reduced teaching load?

NAME AND STAMP OF ATTENDING PHYSICIAN

Date: _____

Signature: _____