St. Paul Education
Learning Together, Growing Together

4313 – 48 Avenue, St. Paul, Alberta T0A 3A3 Tel: (780) 645-3323 Fax: (780) 645-5789 www.stpauleducation.ab.ca

# MEDICAL CERTIFICATE – RETURN TO WORK

**To the Physician:**

_____ has been asked to provide a medical certificate relative to returning to work from a disability which required medical leave. The employer is relying on the physician's statement in order to manage staff and to determine ability to return to work including appropriate work modifications, if any.

Please note that this medical certificate, upon its completion, may be sent by the Board to its own external medical consultants for review. These medical consultants are governed by professional protocols concerning confidentiality.

**Employee's Authorization to Complete Medical Certificate:**

It is understood that the employee has authorized his/her physician to complete the medical certificate herein contained, with the employee to arrange delivery of the form to St. Paul Education.

Employee Name: _____

Date of Examination: _____

The following synopsis of a normal work day and abilities is provided to assist the physician in assessing the ability of the teacher to return to full or partial duties:

1. Work day — From 8:30 a.m. to 3:45 p.m. five days per week with some evening work
2. Abilities required
   a) Communication - clear, audible , concise and organized
   b) Positive, professional interaction with students, parents, co-workers, including under occasional difficult and stressful situations
   c) Organizational and concentration – lesson planning, marking of exams and work assignments
   d) Physical - (i) combination of walking, sitting and standing and writing
   (ii) carrying small weights (e.g. books and electronic equipment)

NOTE: duties and work hours are variable depending on assignment and some accommodation is possible.

**Physician's Statement:**

**Date of Examination:** _____

**Confirmation of Return to Work**

1. Following examination, I certify that the above mentioned person is fully recovered and able to return to full duties effective _____.

   **OR,**

2. Following examination, I certify that the above mentioned person is able to work but requires a medical accommodation due to a medical disability of the following nature [briefly explain the nature of the illness or disability; do not provide the diagnosis]:

   _____

   _____

   _____

3. Is the medical disability permanent? Yes_____, Unknown at this time _____, No_____. If No, what is the estimated date for full recovery and return to full duties?
   _____/_____/_____ ( day/month/ year)

4. With regard to the individual's medical disability and the information from the synopsis of the individual's normal work hours and abilities required, what restrictions and/or position modifications do you recommend? Please provide as much detail as possible in the following categories:

   a) Hours of work/ work days _____
   b) Physical abilities/ requirements _____
   c) Cognitive abilities/ requirements _____

5. Is there a treatment plan in place? Yes_____ No_____

6. Is the treatment plan being followed by the employee? Yes_____ No_____

7. Please advise as to if, and how, the treatment plan and/or medication required as a result of the disability, may impact the teacher's ability to perform job duties and/ or hours of work

   _____

   _____

8. Has this person been referred to a medical specialist?

   Yes_____ No_____

9. When is the next re-assessment date?
   a. None required _____
   b. Required _____/_____/_____( day/month/year)

**The information in this report is considered confidential.**

Dated _____20___

_____
Attending Physician's Name (Please Print)

_____
Signature of Physician

Address: _____

_____

_____

Telephone: _____

**Return:** Personal/Confidential
Superintendent
St. Paul Education
4313-48 Ave. St. Paul, AB T0A 3A3

The personal information on this form is collected under the authority of the Alberta Freedom of Information and protection of Privacy Act for the purpose of reporting non-work related illness or injury. If you have any questions about the collection, use or disclosure of this information, contact the Superintendent of Schools, 4313-48 Avenue, St. Paul, AB T0A 3A3 - Telephone (780) 645-3323.