

**Confidential Employee Medical Information Form**

To be completed & returned to Human Resources when the absence

due to sickness or disability is in excess of three (3) consecutive working days.

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| --- | --- |
| **EMPLOYEE Authorization Section:** | **EMPLOYEE Action Section:** |
| By signing below, you authorize your health care provider to release medical information for the purpose of determining compliance to Royal Roads University sick-leave entitlements and specifics around possible accommodations for disabilities. | ***Forward completed form to:***  Royal Roads University, Human Resources  2005 Sooke Road, Victoria BC V9B 5Y2  Ph: (250) 391-2600 ext 4417 or 4867  Fax: (250) 391-2570 |
| Employee Name:  Employee Signature: |
| Date Received: |

**HEALTH CARE PROVIDER Section:**

*The following information relates only to the medical condition for which the employee is taking sick leave.*

|  |  |
| --- | --- |
|  |  |
| Health Care Provider Name | Type of Practice |
|  | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health Care Provider Signature |
| Date: Phone Number: |

Does the employee have a medical condition causing total or partial disability from work? Yes 🞏 No 🞏

What is the anticipated period of absence from work?

Is there a treatment plan in place? Yes 🞏 No 🞏 Is the employee cooperating with the plan? Yes 🞏 No 🞏

***- Royal Roads University may be able to accommodate by offering the employee light or alternative duties*** *-*

Is the employee fit to perform light duties or a graduated return to work? Yes 🞏 No 🞏

If yes, please identify any limitations on the section below and provide your recommendations including a start date and hours of work and the duration of the restrictions:

If the employee is not fit for light duties, please explain why:

When do you anticipate the employee will be fit to return to full duties?

**Physical Limitations: Comments**

Walking: 🞏 short distances only 🞏 up to 1 hour 🞏 no restriction

Standing: 🞏 less than 15 min. 🞏 up to 1 hour 🞏 no restriction

Sitting: 🞏 less than 1 hour 🞏 not > 2 hours cont. 🞏 no restriction

Lifting Floor to Waist: 🞏 <10 kg 🞏 <20 kg 🞏 no restriction

Lifting Waist to Shoulder: 🞏 <10 kg 🞏 <20 kg 🞏 no restriction

Stair Climbing: 🞏 none 🞏 2-3 steps 🞏 short flight 🞏 no restriction

Ladder Climbing: 🞏 none 🞏 2-3 steps 🞏 4-6 steps 🞏 no restriction

Hand / Wrist: 🞏 power grip 🞏 pinch grip 🞏 no restriction

Reaching Above Shoulder:

Pushing / Pulling:

**Psychological Limitations: Comments**

Memory 🞏 mild 🞏 moderate 🞏 severe 🞏 no restriction

Mood 🞏 mild 🞏 moderate 🞏 severe 🞏 no restriction

Concentration 🞏 mild 🞏 moderate 🞏 severe 🞏 no restriction

Judgment: 🞏 mild 🞏 moderate 🞏 severe 🞏 no restriction