

SCHOOL DISTRICT NO. 71 (COMOX VALLEY)

POLICY MANUAL

POLICY:	3015MR1
Date:	September 5, 2000
Revision:	3

MANAGEMENT REGULATION

Medical Certificates

1. **Provision of Medical Certificates**

- 1.1 Policy 3015 requires that medical certificates be provided by employees:
- (a) when they are newly appointed to the district; and
 - (b) prior to returning to work after an absence due to illness of fifteen (15) consecutive work days or more.
- 1.2 Employees may be required to provide a medical certificate in relation to any absence due to illness.

2. **New Appointments**

School board office staff will ensure that newly-appointed employees have met the requirements of Policy 3015 by submitting a completed VERIFICATION OF MEDICAL STATUS FOR EMPLOYMENT form (copy attached). This document must be submitted within 30 days of commencing employment or of the date of the letter of appointment, whichever comes first.

3. **Absence Due to Illness - 15 Days**

- 3.1 School principals and other supervisors are required to ensure that employees under their supervision who have been off work due to illness for fifteen (15) consecutive work days or more submit a VERIFICATION OF MEDICAL STATUS FOR RETURN TO WORK form (copy attached).

- 3.2 It is necessary that the statement is made on the form that the employee is medically fit to return to assigned duties.
- 3.3 It is the responsibility of the principal/supervisor to ensure that this medical certificate is completed and submitted to the school board office before an employee returns to work.

4. Approved Leave of Absence for Illness or Accident

The Board may require an employee who is on approved leave of absence due to illness or accident to submit a CERTIFICATE OF ATTENDING PHYSICIAN FOR ILLNESS OR ACCIDENT LEAVE (copy attached).

5. Temporary Employees

Temporary employees who have submitted a Verification of Medical Status for Employment form and whose temporary appointment has terminated need not submit a new medical certificate on each re-appointment unless there is a break in employment of more than twelve (12) months, in which case this document must be resubmitted.

6. Casual and Substitute Employment

Teachers-on-call and other casual and substitute employees must provide the required medical certificate prior to having their name placed on a list for casual or substitute employment. Such employees need not update this documentation if their casual or substitute employment continues on a fairly regular basis from year to year; however, if there is a break in service of more than twelve (12) months, the medical certificate must be resubmitted.

CONFIDENTIAL

School District No. 71 (Comox Valley)
Human Resources Department
607 Cumberland Road, Courtenay, B.C., V9N 7G5
Telephone: (250) 334-5500 Fax: (250) 338-4961

Verification of Medical Status for Employment

_____ Has been examined by the undersigned, and I am aware of the nature of the
(Employee's Name) patient's employment duties and, in particular, of the physical demands of
these duties.

<input type="checkbox"/>	This person IS medically fit to perform work as a _____ without restrictions. (position)
<input type="checkbox"/>	This person IS medically fit to perform work as a _____ with restrictions, (position) subject to the following conditions: _____ _____ _____

<input type="checkbox"/>	This person IS NOT medically fit to perform work as a _____ (position) for the following reasons(s): _____ _____ _____
--------------------------	---

<u>VERIFICATION</u>	
_____ DOCTOR'S SIGNATURE	_____ OFFICE ADDRESS
_____ DOCTOR'S NAME (please print)	_____
_____, 200_____ DATE	_____ TELEPHONE

ANY CHARGE FOR COMPLETING THIS FORM IS THE RESPONSIBILITY OF THE EMPLOYEE

College of Physicians & Surgeons of British Columbia

Excerpt from Policy Manual M-2

- Ensure that any statements which you make are; to the best of your knowledge, accurate and based upon current clinical information about the employee. For example, you should not certify that an employee has been unfit to work simply because the employee tells you so.
- Before giving an opinion on an employee's fitness to work, a physician should be sure that the physician has accurate information about the requirements of the employee's job.
- The physician should not state that the employee has been under the physician's care for any time during which the employee was not in fact the physician's patient.
- Physicians should ensure that they have received the employee's consent to provide information to the employer or its insurer.
- Physicians should take care not to disclose more information than is covered by the employee's consent or is required by the employer's request. For example, diagnosis and treatment information is not normally required to questions concerning fitness to work or prognosis for future attendance at work.

While reference in this article has been to forms required by a patient's employer or that employer's insurer, it is plain that the guidelines offered have just as ready application to the other sorts of forms which patients ask physicians to complete in order that patients can avail themselves of the benefits to which they may be entitled. No physician is immune from request to complete forms, and all physicians know how repetitive and tedious and time consuming this activity can be. The point is, however, that carelessness in the completion of forms can cause serious medico-legal difficulty for a physician, just as can carelessness in the management of a patient.

CONFIDENTIAL

SCHOOL DISTRICT NO. 71 (COMOX VALLEY)
607 Cumberland Road, Courtenay, B.C. V9N 7G5
Tel: (250) 334-5500 Fax: (250) 338-4961

MEDICAL CERTIFICATE OF ATTENDING PHYSICIAN FOR PARTIAL MEDICAL LEAVE

To the physician: _____ has been asked to provide a Medical Certificate explaining the reasons for the need for a partial medical leave from _____ to _____

EMPLOYEE=S AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize my physician to complete this APhysician's Statement. I authorize my physician to fully respond to the requested statement questions below as it relates to my request for partial medical leave and the guidelines of the College of Physicians and Surgeons on medical certificates.

Employee's Signature _____ Date _____, 20 _____

PHYSICIAN'S STATEMENT

Confirmation of Reasons for PARTIAL Medical Leave

1. 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:

2. I certify that the above mentioned person requires a partial leave due to:

3. Course of Treatment:

a) Has this person been prescribed a course of treatment for the medical condition rendering him/her unable to work his/her full assignment?

b) If no course of treatment has been prescribed, has a course of treatment been recommended for this person

- CONTINUED ON REVERSE -

MEDICAL CERTIFICATE (cont'd)

PHYSICIAN'S STATEMENT (cont'd)

c) If a course of treatment has been prescribed or recommended, has this person followed the

4. This illness/injury will prevent this person from working their full assignment because:

5. He/she was first seen by me regarding this illness/injury?

6. What medical follow-ups, if any, are occurring related to this illness/injury?

7. I estimated that this person will be able to return to their assignment on _____.

8. Are there ways to address the medical cause of this person's application for partial leave by alternations to this person's assignment other than a reduced work load?

NAME OF ATTENDING PHYSICIAN (PLEASE PRINT) _____

Address _____ Postal Code _____

Phone _____ Date _____

Signature _____

***The information in this form is considered confidential.
ANY CHARGE FOR COMPLETING THIS FORM IS THE RESPONSIBILITY OF THE EMPLOYEE***

COLLEGE OF PHYSICIANS & SURGEONS OF BRITISH COLUMBIA

Excerpt from Policy Manual M-2

- Ensure that any statements which you make are; to the best of your knowledge, accurate and based upon current clinical information about the employee. For example, you should not certify that an employee has been unfit to work simply because the employee tells you so.
- Before giving an opinion on an employee's fitness to work, a physician should be sure that the physician has accurate information about the requirements of the employee's job.
- The physician should not state that the employee has been under the physician's care for any time during which the employee was not in fact the physician's patient.
- Physicians should ensure that they have received the employee's consent to provide information to the employer or its insurer.
- Physicians should take care not to disclose more information than is covered by the employee's consent or is required by the employer's request. For example, diagnosis and treatment information is not normally required to questions concerning fitness to work or prognosis for future attendance at work.

While reference in this article has been to forms required by a patient's employer or that employer's insurer, it is plain that the guidelines offered have just as ready application to the other sorts of forms which patients ask physicians to complete in order that patients can avail themselves of the benefits to which they may be entitled. No physician is immune from request to complete forms, and all physicians know how repetitive and tedious and time consuming this activity can be. The point is, however, that carelessness in the completion of forms can cause serious medico-legal difficulty for a physician, just as can carelessness in the management of a patient.

CONFIDENTIAL

SCHOOL DISTRICT NO. 71 (COMOX VALLEY)
607 Cumberland Road, Courtenay, B.C. V9N 7G5
Tel: (250) 334-5500 Fax: (250) 338-4961

**MEDICAL CERTIFICATE OF ATTENDING PHYSICIAN
FOR ILLNESS OR ACCIDENT LEAVE**

EMPLOYEES AUTHORIZATION FOR RELEASE OF INFORMATION

EMPLOYEE'S NAME (PLEASE PRINT) _____

POSITION/OCCUPATION _____

I hereby authorize my physician to complete this APhysician's Statement. I authorize my physician to fully respond to the request statement below as it relates to my request for an illness or accident leave and to the guidelines of the College of Physicians and Surgeons on medical certificates.

Employee's Signature _____

Date _____

, 20 _____

PHYSICIAN'S STATEMENT

I HEREBY CERTIFY THAT:

- X The above-named patient is being treated by me for the following illness/injury; and
- X I am aware of the nature of the patient's employment duties and, in particular, of the physical demands of those duties; and
- X Such illness/injury was solely responsible and sufficient for absence from his/her employment duties.

State in detail the nature of the illness/injury:

Specific treatment being given:

Period of treatment: _____, 20 _____ to _____, 20 _____

When did present illness/injury begin? _____, 20 _____

From what date was patient unable to perform his/her employment duties? _____, 20 _____

Is there a previous history of this illness?
If yes, give details: _____

In the case of surgical operation, fill in the following information:

On the _____ day of _____, 20 _____, the following surgical operation was performed:

Is the patient's health such that he/she is now able to return to his/her employment duties?

_____ Yes _____ No

If no, on what date do you anticipate the patient's health will permit their return to employment duties?
_____, 20 _____

VERIFICATION

DOCTOR=S SIGNATURE _____ OFFICE ADDRESS _____

DOCTOR=S NAME (PLEASE PRINT) _____

DATE _____, 20 _____ TELEPHONE _____

**THE INFORMATION IN THIS FORM IS CONSIDERED CONFIDENTIAL; HOWEVER ALL INFORMATION
HEREIN IS AVAILABLE, UPON WRITTEN REQUEST, TO THE EMPLOYEE**

ANY CHARGE FOR COMPLETING THIS FORM IS THE RESPONSIBILITY OF THE EMPLOYEE

COLLEGE OF PHYSICIANS & SURGEONS OF BRITISH COLUMBIA

Excerpt from Policy Manual M-2

Ensure that any statements which you make are; to the best of your knowledge, accurate and based upon current clinical information about the employee. For example, you should not certify that an employee has been unfit to work simply because the employee tells you so.

- Before giving an opinion on an employee's fitness to work, a physician should be sure that the physician has accurate information about the requirements of the employee's job.
- The physician should not state that the employee has been under the physician's care for any time during which the employee was not in fact the physician's patient.
- Physicians should ensure that they have received the employee's consent to provide information to the employer or its insurer.
- Physicians should take care not to disclose more information than is covered by the employee's consent or is required by the employer's request. For example, diagnosis and treatment information is not normally required to questions concerning fitness to work or prognosis for future attendance at work.

While reference in this article has been to forms required by a patient's employer or that employer's insurer, it is plain that the guidelines offered have just as ready application to the other sorts of forms which patients ask physicians to complete in order that patients can avail themselves of the benefits to which they may be entitled. No physician is immune from request to complete forms, and all physicians know how repetitive and tedious and time consuming this activity can be. The point is, however, that carelessness in the completion of forms can cause serious medico-legal difficulty for a physician, just as can carelessness in the management of a patient.

CONFIDENTIAL

SCHOOL DISTRICT NO. 71 (COMOX VALLEY)
607 Cumberland Road, Courtenay, B.C. V9N 7G5
Tel: (250) 334-5500 Fax: (250) 338-4961

MEDICAL CERTIFICATE OF ATTENDING PHYSICIAN FOR RETURN TO WORK

(EMPLOYEE'S NAME)

HAS BEEN EXAMINED BY THE UNDERSIGNED, AND
I AM AWARE OF THE NATURE OF THE PATIENT'S
EMPLOYMENT DUTIES AND, IN PARTICULAR, OF
THE PHYSICAL DEMANDS OF THOSE DUTIES.

This person has been under treatment from _____, 20____
for _____, and will be medically fit to return
to work as a _____ as of _____, 20____
(position)
_____ without restrictions; or
_____ subject to the following conditions: (Indicate period of time restrictions are in effect.) _____

VERIFICATION

DOCTOR'S SIGNATURE _____ OFFICE ADDRESS _____
DOCTOR'S NAME (PLEASE PRINT) _____
DATE _____, 20____ TELEPHONE _____

ANY CHARGE FOR COMPLETING THIS FORM IS THE RESPONSIBILITY OF THE EMPLOYEE

COLLEGE OF PHYSICIANS & SURGEONS OF BRITISH COLUMBIA

Excerpt from Policy Manual M-2

- Ensure that any statements which you make are; to the best of your knowledge, accurate and based upon current clinical information about the employee. For example, you should not certify that an employee has been unfit to work simply because the employee tells you so.
- Before giving an opinion on an employee's fitness to work, a physician should be sure that the physician has accurate information about the requirements of the employee's job.
- The physician should not state that the employee has been under the physician's care for any time during which the employee was not in fact the physician's patient.
- Physicians should ensure that they have received the employee's consent to provide information to the employer or its insurer.
- Physicians should take care not to disclose more information than is covered by the employee's consent or is required by the employer's request. For example, diagnosis and treatment information is not normally required to questions concerning fitness to work or prognosis for future attendance at work.

While reference in this article has been to forms required by a patient's employer or that employer's insurer, it is plain that the guidelines offered have just as ready application to the other sorts of forms which patients ask physicians to complete in order that patients can avail themselves of the benefits to which they may be entitled. No physician is immune from request to complete forms, and all physicians know how repetitive and tedious and time consuming this activity can be. The point is, however, that carelessness in the completion of forms can cause serious medico-legal difficulty for a physician, just as can carelessness in the management of a patient.