



Vancouver Public Library

CONFIDENTIAL

Employee's Authorization for Release of Information

I, _____, hereby authorize my physician to complete this Physician Statement and to release this Medical Certificate to my Employer. The guidelines of the College of Physicians and Surgeons are attached.

Employee Signature

Date

Physician's Statement

Confirmation of Reasons for EXTENDED Medical Leave (Nature of Illness, NOT DIAGNOSIS)

1. Following examination, I certify that the above mentioned person requires an extended medical leave due to:

2. This illness will prevent this person from working because:

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? (See attached job description, work schedules and other attached information describing job requirements.)

(b) If so, has it been followed?

(c) If no course of treatment has been prescribed, has a course of treatment been recommended for this person to follow related to the medical condition rendering him/her unable to work his/her assignment?

(d) If so, has it been followed?

(e) Has this person been referred to a medical specialist?

Yes _____ No _____

4. He/she was seen by me regarding this illness/injury on:

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

6. I estimate that this person will be able to return to their:

(a) Full assignment (as referred to in 3(a)) on:

(b) Modified (restricted) assignment on:

7. When this employee returns to work, I anticipate the following restrictions: (Please include duty restrictions, hours per day, days per week and estimated length of any time and duty restrictions.)

Name of Attending Physician
(Please print)

Address

Phone

Physician's Signature

Date

For informational purposes, this is to make you aware of the availability to employees of the Employee Assistance Program.

The information in this report is considered confidential. Any charge for completion of this form is the responsibility of the employee.

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