

SICK LEAVE/RETURN TO WORK FORM

Note: Any costs associated with providing this information is the responsibility of the employee.

Section A- EMPLOYEE DETAILS: Employee to Complete Date of Birth: __/___ Contact Phone: _____ Employee Name: _____ ______ Supervisor: ______ _ Job Title:_____ Department: _ I authorize my physician to release this completed form to the Disability Management Team (for Staff) or Occupational Health Team (for Faculty) at the University of Waterloo. Employee Signature: Section B- SICK LEAVE DETAILS: Physician to Complete First date of Absence: __/___ Has your patient been absent from work for a related complaint in the past 2 months? ☐ yes ☐ no Please check one:

Patient capable of returning to work with no limitations ☐ Patient is physically unable to return to work at this time ☐ Patient is capable of returning to work with restrictions (complete Section C-Workplace Functional Capacity) NB: If a modified return to work plan is required it is expected that a return to full pre-disability hours and duties will normally occur over a maximum of 6 to 8 Have you discussed return to work with your patient? \square yes \square no Date cleared for return to work: $\frac{/}{\text{dd / mm/yw}}$ To full hours/duties: // To modified duties/hours: // ______ If return to work is unknown at this time please provide prognosis: ______ Telephone Number: Name of Physician: Physician Signature: ______ Date: ___/____ Section C- WORKPLACE FUNCTIONAL CAPACITY: This section should only be completed by the Physician when accommodation is requested. Functional Abilities and/or Limitations: If your patient is able to remain or return to work but has any limitations, please provide the Nature of Condition and complete the applicable sections below. DO NOT include any technical or medical details such as diagnosis or symptoms. Provide a plain language general statement of the person's illness or injury. Nature of Condition: — Walking: Standing: Sitting: Lifting from floor Lifting from waist to Stair climbing: Ladder climbing: ☐ Full abilities to waist: shoulder: ☐ Up to 100 metres ☐ Up to 15 minutes ☐ Up to 30 minutes ☐ Full abilities ☐ Full abilities ☐ Up to 5 steps □ 1-3 steps ☐ 100-200 metres ☐ 15-30 minutes \square 30 minutes-1 hour ☐ Up to 5 kgs ☐ Up to 5 kgs ☐ 5-10 steps ☐ 4-6 steps ☐ 5-10 kgs ☐ 5-10 kgs ☐ Other ☐ Other ☐ Other \square Other ☐ Other \square Other \square Other Cognitive/Psychological: ☐ Bending, $\hfill\square$ Work at \square Limited use of Limited ☐ Potential side hand (s): pushing/pulling twisting or above effects from ☐ Difficulties performing simple and repetitive tasks with: repetitive shoulder Left Right medications (please ☐ Problems maintaining focus/concentration on the job movement of activity Gripping ☐ Left arm specify) Do not ☐ Limited ability to perform complex and varied tasks include names of (please specify) Pinching ☐ Right arm ☐ Reduced energy and pace required for the job ☐ Other medications Other ☐ Difficulty maintaining healthy co-worker relationships Additional Comments on limitations: _ From the date of this assessment, the above will apply for approximately: \Box 1-2 days \Box 3-7 days \Box 8-14 days \Box 14+ days Physician's Signature: Date:

WATERLOO

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Instructions for Completion

For absences of five working days or longer, have your Physician complete this UWaterloo Sick Leave/Return to Work form. In some cases, managers may (in consultation with Human Resources) request employees to provide the UWaterloo Sick Leave/Return to Work form for shorter absences.

Once completed, this document should not be provided to your Manager/Chair.

Staff should return the completed document to the Disability Advisor located at the General Services Complex or by Fax # (519) 888-4377 or scan and email to: absent@uwaterloo.ca. You may choose to send the form directly to the Occupational Health Nurse as noted below.

Faculty should return their documents directly to the Occupational Health Nurse as noted below.

Email: <u>kparkinson@uwaterloo.ca</u> Or Telephone: 519-888-4567 ext. 40538 Email: <u>cassie.hunter@uwaterloo.ca</u> Or Telephone: 519-888-4567 ext. 40551

Occupational Health Confidential fax: 519-888-4377

Employee's Responsibilities

- Any costs associated with providing this information is the responsibility of the employee.
- Complete Employee Section A of the document.
- Provide this document to your treating Physician for completion and discuss the information requirements.
- Review the completed form to ensure only the required information is provided (not diagnosis).
- Upon completion, return the document as instructed above in a timely manner.

University's Responsibilities

• This form provides general information about your abilities and limitations to assist with the planning of an early and safe return to work.

Guidance for Physicians

- Complete the Physician Section B. Section C should **only** be completed when your patient requires accommodation.
- The employer and employee will use this information to plan the employee's early and safe return to work.
- Their return to work plans will reflect the abilities and limitations you have noted and presume that no clinical contraindications exist for other work activities; therefore it is crucial that all sections be completed in full when accommodation is required.
- **Diagnostic or confidential information must not be included**. Nature of Condition information should be restricted to the general statement of a person's illness or injury in plain language without any technical/medical details such as diagnosis or symptoms.
- Once you have received this document, please provide the completed form promptly to your patient.