

To be used for absences > 5+ consecutive days (regardless of the # of days)
when the return to work date is known or anticipated and there are no limitations/restrictions expected



Medical Certificate*

**If limitations or restrictions are determined or anticipated, please complete the Functional Abilities Report in place of the Medical Certificate*

This form provides the Hamilton-Wentworth District School Board with information to support your absence from work and use of paid sick leave. Receipt of this form is required prior to return to work.

Please note: Doctor's notes will be accepted if the same information is included.

Employee Name: _____

Work Location: _____

Home Phone Number: _____

**Period of Illness: From (dd/mm/yy) _____ To: (dd/mm/yy) _____

***According to the Ontario Medical Association, a physician must only sign a sickness certificate that can be substantiated through a clinical assessment of the patient.*

I can confirm the patient's illness based on the direct examination or management of the patient during the period indicated above. Yes No

Based on the information provided to me, the patient is capable of return to the workplace or school. Yes No

Physician's Name: _____

Physician's Signature _____

Date: _____

The fee for this form is the responsibility of the patient¹

**To the Principal: Please mail form to Disability Management Coordinator,
Human Resources Department
Original/copies are to be stored in the Human Resources Department ONLY**

The template for this form has been developed by the Ontario Medical Association for use by their members.

¹ Medical Certificate Form Sept 2007
Appendix 2