



**MEDICAL REPORT**

Victoria University is committed to assisting employees to return to work after injury or illness and to providing work accommodation where medically required. Section A: to be completed by Employee. Section B: to be completed by physician.

**NOTE: ANY COST FOR COMPLETION IS THE EMPLOYEE'S RESPONSIBILITY**

**SECTION A – MUST BE COMPLETED BY EMPLOYEE**      Name of treating physician and signature required on page 2

I authorize \_\_\_\_\_ (Treating Physician's name and address or stamp) to communicate both verbally and in writing with Human Resources, Victoria University, for purposes of discussing the information provided in this report. I also consent to the release of the information in this form to Human Resources, Victoria University, Sun Life Financial and WSIB for the purpose of assessing my entitlement to any benefits and administering those benefits, and for the purpose of assessing my ability to return to work, including any job modifications that may be required.

**EMPLOYEE SIGNATURE :**

**Date:**

Surname	First Name	Date of Birth:
Address		City/Town
		Province
		Postal Code
Date Last Worked	Job at Time of Illness	Phone Number

**SECTION B – TO BE COMPLETED BY TREATING PHYSICIAN**

Date first unable to work:  DD/MM/YR ____/____/____  Is this a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe the nature of the primary disabling illness or injury.  Is the absence related to workplace issues? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, please provide details:
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Describe current clinical signs and symptoms and how these are preventing the employee from returning to work

Describe current treatment plan and goals

Date of first and all subsequent visits during present period of absence from work  DD/MM/YR ____/____/____	Referred to a Specialist? <input type="checkbox"/> YES <input type="checkbox"/> NO      If Yes please provide details below:  Name of Specialist                      Address                                      Appointment Date (DD/MM/YR)
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