Fort McMurray Public Schools

Fort McMurray Public School District No. 2833
MEDICAL CERTIFICATE/ MODIFIED DUTIES
Return original to Human Resources Department

This Medical Certificate is required of employees who are able to work temporary modified duties.
If an employee is able to return to full duties following an extended absence,
a physician's note stating "Return to work, with no restrictions", is all that is required.

EMPLOYEE / PATIENT INFORMATION: (*Please Print)*

Surname:	Given Name:	Date:
Job Title:	Site:	Hours/wk.
Employee Signature:		

**All fees incurred for the completion of this medical certificate are at the expense of the employee.*

Fitness for Work (to be completed by treating health care provider)

Examination date: _____

☐ fit for temporary modified work. **Complete Functional Restrictions/Limitations below.*

☐ not capable of any work from _____ to _____
*Please maintain regular contact with your employer.

Date of next Medical appointment: _____

Functional Restrictions / Limitations for MODIFIED WORK: *(Request patient Job Description)*

Activity	Limitation	Activity	Limitation
Bending		Sitting	
Climbing		Squatting	
Crawling		Standing	
Equipment	*(operating)*	Stooping	
Heights		Twisting	
Kneeling		Vehicle	*(operating)*
Lifting	*Up to: 4.5 kg / 9.1 kg / 23 kg / 45+ kg*	Walking	
Pulling	*Up to: 4.5 kg / 9.1 kg / 23 kg / 45+ kg*	Mental Health	
Pushing	*Up to: 4.5 kg / 9.1 kg / 23 kg / 45+ kg*	Other	

EFAP Supports: *ATA - Homewood Health* *CUPE - Borealis Counselling Services*

Additional Information:

_____

_____

Prognosis for return to work, no restrictions: _____*(date)*

Attending Health Care Provider:

_____
Name(Print)

_____
Signature

Stamp Here

The information in this certificate is considered confidential.