Dear Physician,

SFU’s Attending Physician’s Statement Form was created to assist you in providing satisfactory information to the University to substantiate your patient’s need for paid sick leave benefits.

All SFU employees are required to provide satisfactory medical information to substantiate their sick leave. Satisfactory medical information must contain but not limited to:

- The employee’s first day of absence due to the current illness or injury.
- Has treatment of therapy been prescribed?
- Is the employee adherent to treatment and/or therapy?
- Is the employee able to perform full or modified duties and/or hours?
- What are the current functional limitations and restrictions?
- What is the nature of the illness or injury?
- The prognosis for return to work to part time or full time duties and/or hours.

In contrast to other employers, Simon Fraser University provides a set amount of sick leave for each unrelated illness or injury. Therefore, in order for your patient to receive their full extend of sick leave benefits, please specify the nature of the illness or injury - not the diagnosis - and the correlation between each current and past illness or injury, including its side effects due to medications, treatments, tests or procedures.

Unspecified sick hours will be aggregated by the University to the condition that would be most appropriate. A most appropriate condition is defined as a condition that expresses the same or directly related signs and symptoms or a condition for which an employee took sick leave hours in a short period of time between absences.

Alternatively, if a correlation between absences cannot be determined based on the information the employee has provided to the University, all unknown sick hours will be aggregated to the absence with the highest number of hours.

If you have any questions about the collection, use and aggregation of sick leave information please contact the Return to Work/Disability Management Coordinator, Telephone: 778-782-9498, E-mail: lml19@sfu.ca.

Thank you for your attention to this matter.

Sincerely,

*Human Resources - Return to Work and Disability Management*
### Attending Physician’s Statement Form
#### Employee Authorization

<table>
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<tr>
<th>Employee Name</th>
<th>Department</th>
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My signature authorizes Dr. [Name] to answer the questions below, explain whether my absence from work is medically necessary, describe my medical capacity to work and make medical recommendations for return to work.

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<tr>
<th>Employee Signature</th>
<th>Date Signed</th>
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The information requested is collected under the general authority of the University Act (R.S.B.C. 1996, c.468), University employment policies, applicable federal and provincial legislation and University employee policies and collective agreements. It is related directly to and needed by the University for the administration of sick leave benefits. The information will be used in determining eligibility for paid sick leave benefits for recent and future absences. **Fax or mail the completed form to the Return to Work/Disability Management Advisor, confidential fax: 778-782-6873. Mailing address: SFU, 8888 University Drive, Stand Hall 2100, Burnaby, B.C.V5A 1S6. If you have any questions about the collection and use of this information contact the Return to Work/Disability Management Coordinator, Telephone: 778-782-9498, E-mail: lml19@sfu.ca. Note: Employees are responsible for charges for completion of medical certificates.**

#### Attending Physician or Specialist Statement (attach pages to this form, if necessary)

1. **Is the employee currently under your medical care?**
   - On what dates did the employee attend medical appointments?
   - What was/will be the employee’s first day of absence due to the current illness or injury?
   - Is the medical condition due to a workplace injury or illness (WorkSafe BC claim)?
   - Has treatment or therapy been prescribed?
   - Is the employee adherent to prescribed treatment and therapy?
   - Has the employee been referred to a specialist and/or for tests for the current illness or injury?

2. **Is the employee currently medically capable of performing the duties of their job?**

3. **If not, is the employee currently medically capable of performing modified duties?**

4. **Describe the functional limitations and restrictions that prevent the employee from performing the duties of the job.**
   - Are the functional limitations or restrictions likely to be permanent?

5. **Are you aware of previous work absences related to the current illness or injury? If so, please indicate the dates of absence.**

6. **When do you estimate the employee will be medically capable of resuming work:**
   - a. to modified duties
   - b. to usual duties

7. **If the employee should initially return to modified duties, please explain any recommendations for:**
   - physical conditioning prior to or during return to work
   - medical treatment during work hours
   - temporary amendment of duties
   - temporary changes to hours of work
   - estimated start and end-dates of the graduated return to work period
   - other recommendations

   If the return to work date is unknown, what is the minimum expected duration of absence?

8. **Further comment**

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<tr>
<th>Physician/Specialist stamp with name, address and physician number</th>
<th>Telephone/Fax</th>
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<th>Physician/Specialist signature</th>
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