

## Physician's Certificate of Illness Form

**Section 1: To Be Completed by Employee (Please Print)**

Employee's Name:	Unit:	Classification:
Home Address:		
Date Absence Began:  DD/MM/YYYY: _____	Date Absence Ended:  DD/MM/YYYY: _____	
Physician's Name:	Address:	Telephone Number:
I request the above named physician to complete the information listed below, and I authorize its release to my employer.		
Signature (Employee): <u>X</u> _____		Date: <u>X</u> _____

**Section 2: Job Description Information**
**Job Title: 2nd Class Power Engineer**
**Job Summary:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Operates and monitors Dalhousie boiler and chiller plant systems serving the campus and external clients for maximum efficiency and effective performance (includes fuel delivery system, water treatment facility, fans, pumps, deaerator, diesel generator, etc.)</li> <li>Monitors and operates energy management controls systems utilizing Metasys to maximize safety, comfort and energy efficiency supporting the research intense campus</li> <li>Performs maintenance and minor repairs on Thermal Plant systems and equipment to ensure reliable operation</li> <li>Manages water treatment quality control for chillers and boilers including sampling, testing and adjusting dosage to maintain systems water quality within required parameters</li> <li>Interfaces with building occupants, Facilities Management Staff and Security Services on an ongoing basis</li> <li>Completes run sheets that indicate system conditions on regularly scheduled intervals</li> </ul> | <ul style="list-style-type: none"> <li>Maintains accurate record of Thermal Plant activities in the daily log book for each shift</li> <li>Completes and records daily, weekly and monthly inspection preventive maintenance routines sheets</li> <li>Responds appropriately to critical alarms by investigating and analyzing upset conditions in order to identify and correct problems or request assistance</li> <li>Maintains a clean work environment in the thermal plant</li> <li>Assumes Acting Chief Operating Engineer duties when requested</li> <li>Performs Rink Operator duties at Arena when requested</li> <li>Performs all duties in accordance with the current Nova Scotia Occupational Health and Safety Act, as well as University and Government rules and regulations</li> <li>Performs other duties as required</li> </ul> |
|--|---|

**Physical Demands:**

Lifting/Carrying	N/A	0 - 10 lbs.	11 - 20 lbs.	21 - 50 lbs.	> 50 lbs.	Frequency
Lifting - Floor to Waist				<input checked="" type="checkbox"/>		Infrequent
Lifting - Waist to Shoulder		<input checked="" type="checkbox"/>				Infrequent
Lifting - Above Shoulder		<input checked="" type="checkbox"/>				Infrequent
Lifting - Carrying				<input checked="" type="checkbox"/>		Infrequent

**Section 3: To Be Completed by Physician**

I have seen the above named person during the period of his/her absence from work: ☐ Yes ☐ No

The above named person has a diagnosed illness or injury: ☐ Yes ☐ No

Please indicate date and time of office visit(s) Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Nature of illness: \_\_\_\_\_

Could the above named person attend work immediately, or at an earlier date than currently anticipated to perform modified duties? ☐ Yes ☐ No

If yes, when and what accommodations would you recommend?

If no, what is the estimated date of return to work at full time duties or graduated return to work schedule?

Signature (Physician): X \_\_\_\_\_

Date: X \_\_\_\_\_

**For patient confidentiality, please submit form to:**

**Nancey Roach, RN, COHN(C)**  
**Disability Coordinator**  
**Human Resources, Dalhousie University**  
**Confidential Fax: (902) 494-7864**  
**Phone: (902) 494-4351**