



## 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): X _____		Date: X _____	

### Section 2: Job Description Information

#### Job Title: Access Control Mechanic 1

##### Job Summary:

- Installs, repairs and maintains locks as required
- Operates all equipment necessary to install and maintain locks and security devices; (e.g. duplicating machines, grinders, electric drills, presses, etc.)
- Performs other duties as required
- Trains end users, including Security Services in the proper operation of the above noted systems
- Prepares authorized duplicate keys
- Maintains appropriate inventory of required stock
- Responds to dispatch calls
- Maintains accurate records for above systems (i.e. users, access levels, schematics, activation schedules)
- Prepares estimates
- Prepares key codes for buildings
- Maintains appropriate key inventory
- Maintains records
- Performs all duties in accordance with the current Nova Scotia Occupational Health & Safety act, as well as University and government rules and regulations
- Maintains comprehensive cross-reference key file with all pertinent information (eg. locations, number, type, key codes, etc.)
- Participates in design of Electronic Access Systems, Intrusion Alarm Systems, and Video Surveillance Systems
- Installs, services, maintains and programs the above systems and associated devices (such as but not limited to, alarm panels, key pads, motion sensors, proximity readers, surveillance cameras, digital video recorders)
- Keeps current record of all stock, and charges of stock to appropriate work orders via FAMIS. Liaises with Store personnel regarding procurement of material (inventory)
- Maintains a clean work environment

**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"/>			Frequent
Lifting - Waist to Shoulder			<input checked="" type="checkbox"/>			Frequent
Lifting - Above Shoulder		<input checked="" type="checkbox"/>				Frequent
Lifting - Carrying			<input checked="" type="checkbox"/>			Frequent

**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**