

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: Porter

Job Summary:

- All duties that are assigned to a Custodian
- Transfers trunks and luggage to storage rooms
- Moves items of furniture, on request
- Transfers mattresses to and from storage and resident rooms
- Responds to various requests from the front desk staff (includes accompaniment of tradesmen and telephone service personnel to student rooms; unlocking room doors for students who are locked out)
- Maintains a clean work environment
- Performs other duties as required

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

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**