

## 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: Traffic Officer**
**Job Summary:**

- Conducts routine traffic enforcement and/or security related foot, automobile and bicycle patrols to ensure that established procedures and/or regulations in relation to parking, traffic and security are not being violated
- Liaises with all Security Shift Supervisors, to coordinate all parking/traffic enforcement operations on campus
- Completes various surveys regarding parking trends, enforcement operations, traffic/parking enforcement signs, parking meter and pay and display dispenser operations and other relevant matters on campus
- Assists various members of Security Services, in relation to the sale and issue of University Parking Permits
- Provides information services to members of the University community in relation to parking, traffic and security matters
- Conducts routine maintenance checks of all parking meters and pay and display dispensers on University property to ensure their serviceability and initiates immediate action to correct any deficiencies noted or reported
- Liaises with personnel from Facilities Management, and other related agencies to ensure that the installation and/or repair of any traffic control or related signage and prepares tenders in relation to painting of parking areas, ensuring that all such tasks are properly completed in a timely fashion
- Provides verbal briefings and/or written reports regarding various enforcement, traffic, parking and/or security matters on campus
- Liaises with members of the Parking Enforcement Division of HRM, the Halifax Regional Police, HRM Traffic Services in relation to routine parking and/or traffic control matters on campus
- Liaises with officials of the Nova Scotia Provincial Court in relation to prosecutions of parking offences on University property.
- Escorts, transports and/or delivers documents, equipment, funds and/or personnel
- Ensures the proper use and maintenance of equipment and materials used in the performance of all University duties
- Provides first aid and/or emergency assistance in cases of accident or injury involving any student, employee or visitor(s) to the University
- Implements established procedures pertaining to physical security and/or crime prevention on University property
- Exercises discretion and confidentiality in relation to University and Security Services matters
- 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**