The purpose of this form is to provide the patient with the necessary information that they need to give to their employer to confirm that an absence from work is for medical reasons.

Notes to physician
1. This form is not intended for Workers’ Compensation Board (WCB) purposes. For a work-related injury or illness, the required WCB forms must be completed.
2. Where choices are indicated below, please mark your selection.
3. Please keep a copy of this form.

Physician’s name and address (typewritten or printed)

I saw ____________________________ on ____________________________.

(Print patient’s name) (Date)

I am satisfied that, for medical reasons, this patient did not/will not attend work, starting on ____________________________.

(Date)

Given the health information before me (indicate all that apply):

☐ This patient may/did return to work with no limitations on ____________________________.

(Date)

☐ This patient needs further medical assessment before returning to work.

Date of next appointment is (indicate n/a if not applicable) ____________________________.

(Date)

My opinion is based on the factors indicated below:

☐ Information provided by the patient

☐ My examination of the patient and my assessment of the findings and health information

I have provided this form to the patient named above.

__________________________________________  ____________________________

(Physician’s signature) (Date)

NOTE: Completion of this form is an uninsured medical service. There may be a fee to the patient for completion of this form.

Alberta Human Rights Commission developed this form in consultation with the Alberta Federation of Labour, Alberta Medical Association, Alberta Workers’ Health Centre, and the College of Physicians and Surgeons of Alberta. This sample form is an appendix to the Commission interpretive bulletin *Obtaining and responding to medical information in the workplace*, which is available from the Commission or online at www.albertahumanrights.ab.ca.