



# MEDICAL LEAVE CERTIFICATE FOR TEACHERS

## PALLISER REGIONAL SCHOOLS NO. 26

**APPENDIX 1**

1 Teacher's Name: \_\_\_\_\_

2 Job Title/Occupation: \_\_\_\_\_

3 The teacher was unable to work due to medical reasons beginning:

a. Date: \_\_\_\_\_

4 Is the patient receiving treatment?

a. Yes \_\_\_\_\_ No \_\_\_\_\_ None required \_\_\_\_\_

5 Anticipated date of return to work:

a. Date: \_\_\_\_\_

b. If date unknown, is the absence likely to be:

\_\_\_ < 30 days \_\_\_ 30-60 days \_\_\_ 61-90 days \_\_\_ > 90 days \_\_\_ Currently Indeterminable

6 Anticipated date of next reassessment, if applicable: \_\_\_\_\_

7 If the teacher is ready to return to work, is he/she:

a. Fit and able to return to work with no restrictions? Yes \_\_\_ No \_\_\_

b. Or fit and able to return to work with modified work duties? Yes \_\_\_ No \_\_\_

c. Please list the work-related restriction(s), if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ (Physician's signature)

\_\_\_\_\_ (Physician's printed name)

Work Address of Attending Physician: \_\_\_\_\_



**RETURN TO WORK CERTIFICATE FOR  
TEACHERS  
PALLISER REGIONAL SCHOOLS NO. 26**

**APPENDIX 2**

1 Teacher's Name: \_\_\_\_\_

2 Job Title/Occupation: \_\_\_\_\_

3 Date of this return to work assessment: \_\_\_\_\_

4 Anticipated return to work date: \_\_\_\_\_

5 Is the teacher ready to return to work:

a. With NO restrictions? Yes \_\_\_ No \_\_\_

b. With MODIFIED duties? Yes \_\_\_ No \_\_\_

c. If so, please list the work-related restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 Are the restrictions temporary: Yes \_\_\_ No \_\_\_

a. If temporary, please specify the anticipated length of the restriction(s) using days, weeks or months: \_\_\_\_\_

b. If temporary, what is the anticipated date of the teacher's next medical appointment:  
\_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ (Physician's signature)

\_\_\_\_\_ (Physician's printed name)

Work Address of Attending Physician: \_\_\_\_\_