



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Northern Ontario School of Medicine Medical Certificate for Members of Unit 1 of OPSEU Local 677 (NOSM Medical Certificate)

This NOSM Medical Certificate is for Members who have been asked to provide a certificate of a legally qualified medical practitioner certifying that the Member is unable to attend to the duties of his/her position as per Article 3.8 of the Collective Agreement. Only one certificate can be required per disability or illness. Any reasonable costs of this certificate shall be paid by the Member and reimbursed by the School to the Member. If the Member submits a medical certificate in a different form the School shall have the right to require that the Member submit a new certificate in this form.

Note to medical practitioner

Do not disclose any information respecting the diagnosis of the condition giving rise to the Member's absence. Workplace accommodation can be arranged in some cases: the School will review any necessary adjustment to physical workspace and modification of the Member's workload or accepted work practices which you advise is necessary for accommodation, and in consultation with the Member's Union the School will seek to reach an agreement with the Member on an Accommodation Plan.

SECTION A: Member Information [To Be Completed by Member]

(NAME): I, _____, work as a [OCCUPATION]
_____ in the _____ Unit and have a disability or illness.
Phone # _____

SECTION B: Member Authorization [To Be Completed by Member]

I authorize the release of the information found on this completed medical certificate as per the Collective Agreement. (SIGNATURE): _____

SECTION C: Assessment by Medical Practitioner (*licensed physician, dentist, nurse practitioner or psychologist*).

After acquiring an awareness of the general duties and responsibilities of the position which the patient holds at the School choose one of the following **three** options.

_____ **Option 1**

Member is Totally Disabled or Ill and is unable to do his/her own job with or without accommodation.

This Member should remain off work for _____ DAYS, OR _____ WEEKS, AND at the end of that period, I anticipate that he/she:

_____ may return to Regular Duties, OR

_____ may return to Modified Duties. Attach a separate letter or report if needed.

_____ **Option 2**

Member may return to Regular Duties at Once, with the following necessary adjustment to physical workspace and modification of the Member's workload or accepted work practices (attached separate sheet if necessary):

I anticipate that accommodations will be required for:

_____ DAYS;

_____ WEEKS,

OR

_____ Permanently.

At the end of the modified work period, this person:

_____ may return to regular duties, OR

_____ must return to a medical practitioner for a re-assessment.

_____ **Option 3**

Member may return to Regular Duties at Once.

NAME & ADDRESS OF HEALTH CARE PROVIDER:

SIGNATURE _____ **DATE** _____

MEMBER: THIS NOSM Medical Certificate MUST BE COMPLETED AND RETURNED TO HUMAN RESOURCES at the Northern Ontario School of Medicine.