



CONFIDENTIAL
SCHOOL DISTRICT NO. 71 (COMOX VALLEY)
607 Cumberland Road, Courtenay, B.C. V9N 7G5
Tel: (250) 334-5500 Email: HR@sd71.bc.ca

Medical Certificate for Ability to Work Without Limitations

Physician's Statement

I saw _____ on _____
(PATIENT'S NAME) (DATE)

I have examined this patient and I am aware of the nature of the patient's employment duties and, in particular, of the physical demands of those duties.

This patient is medically able to perform work as a _____
(POSITION)

without limitations effective _____
(DATE)

I provide authorization to release this information to WorkSafe BC (if applicable). Yes No

Employee's Signature _____ Date _____

Name of Attending Physician (please print):

Address: _____

Postal Code: _____

Phone: _____

Signature: _____

Date: _____

**OFFICE STAMP
REQUIRED**

The information in this report is considered confidential. Any charge for completion of this form is the responsibility of the employee.