

## Medical Absence Form

This form is to be completed by the Employee's Physician so as to confirm the Employee's absence from work is for medical reasons. To be used for medical absences not exceeding 10 days. Note to Physician:

1. This form is not intended for work-related injury or illness (WSIB) purposes. For a work-related injury or illness, the required WSIB form(s) must be completed.
2. Where choices are indicated below, please mark your selection.
3. When completing this form, disclose only information necessary to meet the purpose of this form. Typically, it is not necessary to provide a diagnosis or specific treatment information.

### Physician's name and address (typewritten or printed)

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

I saw \_\_\_\_\_, an Employee of \_\_\_\_\_  
(Print patient's name) (Employer)  
on \_\_\_\_\_. (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) \_\_\_\_\_.

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)

### Please fax completed form to:

**ATTENTION:** Lisa Eyamie, CDMP

Fax: 1.855.613.9997

TF: 1.866.526.0877 ext. 35242

E: [lisa.eyamie@tracgroup.ca](mailto:lisa.eyamie@tracgroup.ca)

**NOTE:** Completion of this form is an uninsured medical service. There may be a fee to the patient for completion of this form. Visit [www.tracgroup.ca](http://www.tracgroup.ca) to view **TRAC Group Inc.'s Privacy Policy**