**RETURN TO WORK/STAY AT WORK PHYSICIAN & COUNSELLOR PLANNING FORM**

**EMPLOYEE COVER SHEET**

A *Return to Work/Stay at Work Physician & Counsellor Planning Form* must be completed by your physician and/or counsellor if you are:

* Off work due to an illness or injury and are ready to return to work on a gradual, modified or full basis; or
* Working, but seeking a modified work program as you are finding work challenging due to a medical condition or impairment.

The information from the *Return to Work/Stay at Work Physician & Counsellor Planning Form* **WILL**:

* Ensure the employer complies with legal and regulatory standards;
* Facilitate a safe and effective modified work arrangement at the appropriate time;
* Clarify work restrictions and limitations; and/or
* Help substantiate the requested modified work schedule

The information from the *Return to Work/Stay at Work Physician & Counsellor Planning Form* **WILL NOT**:

* Break patient confidentiality; or
* Discuss personal diagnostic details of the injury or medical condition, but focuses on your prognosis for recovery and ability to return to or stay at work.
	+ Your medical well-being is a private matter and all related documentation will be kept strictly confidential and separate from your personnel file.

The *Return to Work/Stay at Work Physician & Counsellor Planning Form* will ask your physician and/or counsellor to evaluate whether you are able to:

* Return to the full duties of your job;
* Return to your job with modified duties; or
* Return to work after a period of time away from the workplace with full or modified duties and identify the expected date of your return.

**STEPS:**

1. Contact your HR Department to obtain a *Return to Work/Stay at Work Physician & Counsellor Planning Form* for your physician and/or counsellor to complete.
2. Sign the *Return to Work/Stay at Work Physician & Counsellor Planning Form* indicating your consent to have your physician and/or counsellor complete the form.
3. Book an appointment with your physician and/or counsellor to discuss your work request and deliver the *Return to Work/Stay at Work Physician & Counsellor Planning Form.*
4. Request that your physician and/or counsellor completes and then faxes the *Return to Work/Stay at Work Physician & Counsellor Planning Form* to the HR Department.

**Note:**

It is the responsibility of the physician and/or counsellor to complete and fax the *Return to Work/Stay at Work Physician & Counsellor Planning Form.* **NO HAND-DELIVERED FORMS WILL BE ACCEPTED.**