



HEALTHCARE PROVIDERS: Please send completed form and invoice via email to HRAdmin@regina.ca or fax to City of Regina 306-777-6825

REASON FOR VISIT: Workplace Injury Personal Injury/Illness

Date of Injury/Illness (D/M/Y): DD / MM / YY

Employee Last/First Name:	Employee Phone Number:	Name of Supervisor:
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THIS SECTION TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER

Date of current visit (D/M/Y): DD / MM / YY	Date Employee can return to regular duties (D/M/Y): DD / MM / YY
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EMPLOYEE RESTRICTIONS (CHECK WHICH ONES APPLY)
PLEASE NOTE: MODIFIED/ALTERNATE DUTIES ARE AVAILABLE

Date Employee can return to modified duties (if restrictions can be met) (D/M/Y): DD / MM / YY

- standing sitting lifting (# of lbs/kg) _____ overhead/forward reaching kneeling/crouching/crawling
 - walking driving operating equipment ladders pushing/pulling neck/trunk movement
 - bending stairs computer/data entry mental health/cognitive
 - environment (cold/hot weather, dust/fumes, etc) _____ Hours of work (please specify): _____
- Can the employee work overtime? yes no

Additional Restrictions/Limitations (Do not include any diagnosis):

Additional Referral (ie. Specialist)

Reassessment Date: (D/M/Y): DD / MM / YY

Physician's Name & Address:	Signature:	Date:
Reviewed by Supervisor:	Signature:	Date:

City of Regina
Medical Verification
Employee Absence From and Return to Work Form

This confidential, information-gathering form will be used to confirm an employee's absence from work when required under the provisions of the Collective Bargaining Agreements or when someone is off work due to injury, due to surgery, or due to an illness that may require accommodation. Its purpose is to determine what, if any, accommodations need to be made in order to allow a returning worker to successfully complete his/her job duties, without risking full recovery.

The employee's health care provider (HCP) plays a key role in the return of an employee to the workplace by providing information to the employee and employer about any restrictions placed on the employee upon their return, how long these restrictions may be in effect, and any accommodations that can be made to allow the employee to be successful upon their return to work. Every effort will be made to accommodate the employee in their permanent position.

Why is it necessary for my employer to know what my restrictions are?

Your Employer has a duty to accommodate restrictions/disabilities. If your illness/injury has affected your ability to do your job, your employer needs to know what you're capable of and not capable of doing so that suitable work can be determined. At no point will you be required to reveal a diagnosis. This completed form must be provided to your immediate supervisor or manager as soon as possible before your first day back to work in order to determine accommodated duties and/or an accommodated schedule.

What should I do if my illness/injury may impact my ability to work?

- Report injuries or absences for medical reasons to your supervisor immediately. Your supervisor will provide you with a Medical Verification Employee Absence From and Return to Work Form (MVF)
- Obtain medical treatment
- Complete Section 1, including name and contact phone numbers
- Have your HCP complete Section 2
- If medical restrictions affect your ability to do your regular duties/job:
 - Take the completed form to your supervisor
 - You and your supervisor are to review the information provided by your HCP to determine whether accommodated duties are available that would meet your documented restrictions and what date you will be returning to the accommodated duties.
 - Return to work for your next scheduled shift where you will perform accommodated duties.
 - Have your HCP complete another MVF form during any follow-up appointments or reassessments.

How do I get my Health Care Provider to complete the form during my visit?

- Explain to your HCP that he/she is to provide your current medical restrictions.
- Reassure the HCP that the employer will provide you with suitable work that will:
 - Accommodate your current medical restrictions
 - Be modified if and/or when your medical restrictions change.
 - Allow time for further diagnostic and/or treatment appointments.
 - Not interfere with your recovery.
- If there is a cost for completing this form (initially or upon reassessment), please advise your HCP that the City of Regina is willing to incur a reasonable cost and to bill the City directly. If he/she is not willing to bill us directly, please submit your invoice to your supervisor for reimbursement.

If medical restrictions do not affect your ability to do your regular duties then return the completed MVF (indicating that no restrictions are required) to your supervisor and return for your next scheduled shift.

Please contact Workplace Health & Safety, Human Resources at 306-777-7116 if you have questions.