



Clearance to Return to Work Form
SEIU Hospitality Services Employees

This form is to be completed by the attending physician and the employee in accordance with Article 22.03 of the Collective Agreement. The completed form must be returned to Hospitality Services Main Office by fax to 905-522-5395 before the employee may be permitted to return to work.

TO BE COMPLETED BY EMPLOYEE:

Form with fields: Name, ID No., Position, Department, Work Ext., Supervisor, Supervisor Ext.

TO BE COMPLETED BY ATTENDING PHYSICIAN:

A. I confirm that the employee was medically unfit to work from and to the following dates, inclusive:

FROM: (dd/mm/yyyy)

TO: (dd/mm/yyyy).

B. Is the employee medically fit to return to work immediately with or without restrictions?

(check [x]) YES [] NO []

If YES, please provide details about: (1) the employee's current functional abilities; and (2) the nature and duration of any medically required workplace accommodation, restrictions and/or modified duties, including any requirement for a gradual return to work:

If NO, please provide: (1) the date on which the employee will be medically fit to return to work with or without restrictions, if known: (dd/mm/yyyy); and (2) the date of the employee's next scheduled appointment: (dd/mm/yyyy)

C. Is the employee medically fit to prepare and serve food?

(check [x]) YES [] NO []

By our signatures below, we verify that the above information is complete and accurate to the best of our knowledge, respectively, and that any intentional falsification of information on this Form may result in the employee being subject to disciplinary action, up to and including termination of employment.

Signature of Employee: Date:

Physician Name (Please Print): Telephone No.:

Physician Signature: Date:

NOTE: McMaster University is not responsible for any fee associated with completion of this Form.

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the employment-related purposes of facilitating and medically clearing the employee's return to work. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, University Hall, Room 210, McMaster University.