

# Short Medical Absence Form

For absences which are anticipated to be over 2 weeks please complete a Statement of Fitness to Work Form instead of this form

The information on this form is being collected by SHSC OHS for the purpose of adjudicating eligibility for medical leave (including paid leave and benefits for those who are eligible) and for making recommendations for return to work. Continue to follow your department's call-in process and stay in regular, direct contact with your manager.

Patient name:

Nature of injury/illness (without diagnosis):

Is this injury/illness work-related? ☐ Yes ☐ No

Date of first absence from work due to this injury/illness:

Date(s) of assessment during this absence:

**Please check ONE option below and answer the associated questions.**

☐ **Able to return to work today to full regular duties**

☐ **Able to return to work today but requires work restrictions due to medical illness or injury**

	Work Restriction (please describe)	* Contraindication to graduating duties? * Duration or restriction?
Walking/Standing		
Lifting		
Pushing/pulling		
Overhead work		
Limited use of hand	<input type="checkbox"/> R <input type="checkbox"/> L	
Other (please describe)		

Date of follow-up appointment:

☐ **Not able to return to work today (even with restrictions) due to medical illness or injury**

Anticipated date of return to work (including modified work if required):

Date of follow-up appointment:

Date:

HCP Name:

HCP Professional Designation:

HCP Signature:

Office stamp/Contact information

**Please return this completed form and any supporting documentation to the Sunnybrook Occupational Health and Safety Department / confidential fax line 416-480-4384 / [OHSsurveillance@sunnybrook.ca](mailto:OHSsurveillance@sunnybrook.ca)**