

_____ is under my care and treatment for medical illness/ injury.

General nature of illness or injury. e.g. – virus, bacterial infection, surgery, sprain, break

S/he is following recommended treatment yes no

S/he is to be unable to work

Can work with modified duties

(Please list restrictions and expected duration)

Date patient was seen _____

Expected return to work date or duration of illness _____

Or

Reassessment _____

Regulated Medical Practitioner's Name _____

Signature _____