



Verification of Sickness Form

Part 1: Patient Identification

Last Name

First Name

Part 2: Attending Physician's Statement

1. General nature of illness or injury _____

2. Duration of absence from work:

From _____ to _____ inclusively.

3. Based on the information provided to me, the patient is fit to return to work.
Circle Yes or No and enter appropriate date.

Yes Return to work date: _____

No Date of medical review: _____

On the basis of my review of the patient's illness/injury, I conclude that the patient would have been required to be off work for the time noted above.

___ Review limited to patient's history or ___ Objective evidence confirmed

Physician's Signature:

Physician's Name and Address (Please print or use stamp):

Date: _____

Medical information should be placed in a Personal and Confidential envelope:

- delivered to Pamela Stanton in Human Resources (705-491 Portage Avenue); or
- mailed to The University of Winnipeg, Human Resources, 515 Portage Avenue, Winnipeg, MB R3B 2E9; or
- faxed to 204- 774-2935 (please call Pamela Stanton at 204-789-4230 before faxing)

Any costs associated with the completion of this form are the responsibility of the patient.