



## 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 the 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any questions, please feel free to contact us directly at 204.786.9060.

Please provide the information directly to Shannon Delaney, the Employee Health and Wellness Assistant at:

- Human Resources, 7<sup>th</sup> Floor Rice Building
- s.delaney@uwinnipeg.ca
- Please call or email ahead to fax to: 204.774.2935

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