



# THE UNIVERSITY OF WINNIPEG

## Verification of Medical Leave & Return-to-Work (RTW) Clearance Form

### Part 1: Patient Identification (employee to complete)

Employee Name: \_\_\_\_\_

Employee DOB: \_\_\_\_\_

### Part 2: Consent to Release Information (employee to complete)

I, \_\_\_\_\_ (employee), authorize my physician/healthcare provider to disclose to the Wellbeing Office at The University of Winnipeg the medical/functional information necessary to assess my fitness for work and any work restrictions or limitations, for this request only.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Part 3: Attending Physician's Statement (physician to complete)

1. General nature of illness or injury: \_\_\_\_\_
2. Duration of absence from work: From \_\_\_\_\_ to \_\_\_\_\_ inclusively.
3. Employee is participating in a treatment plan: ☐ Yes ☐ No If no, reason: \_\_\_\_\_
4. **RTW Guidance:** Due to injury, illness, or disability, this employee is:

☐ **Not fit to return** to work, even with accommodation.

Readiness to return to work will be reassessed on \_\_\_\_\_ (date).

☐ **Fit to return** with ☐ **Full** or ☐ **Modified** duties as of \_\_\_\_\_ (date).

If modified duties are recommended, please complete questions **a through c** below:

a. ☐ **Full hours** ☐ **Graduated hours**

\_\_\_\_\_  
\_\_\_\_\_

b. **RTW Restrictions/Limitations:** (Restriction: an activity that the individual is medically advised not to perform in any capacity. Limitation: an activity that may be performed in a reduced capacity.)

\_\_\_\_\_  
\_\_\_\_\_

c. **Expected Duration of Restrictions/Limitations**

☐ Until (date or number of weeks/months) \_\_\_\_\_

☐ Unsure – date of reassessment: \_\_\_\_\_

☐ Permanent

Practitioner name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Specialty: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to Wellbeing at [wellbeing@uwinnipeg.ca](mailto:wellbeing@uwinnipeg.ca), or by fax to 204.774.2935.

Costs associated with completing this form are the patient's responsibility.