Hennick Bridgepoint Hospital
Sinai Health

Occupational Health and Safety
1 Bridgepoint Drive, Toronto, ON, M4M 2B5
T: 416-461-8252 ext. 2802
F: 416-470-6725
E: ohs.hbh@sinaihealth.ca

Treating Physician/Practitioner Statement

Section A: Employee Information to be completed by the employee

Name: _____ Department: _____ Job Title: _____

Address: _____ City: _____ Postal Code: _____

Phone: (H) _____ (W) _____ Supervisor / Manager: _____

Union: ☐ CUPE ☐ ONA ☐ OPSEU ☐ NOWU ☐ None First Day of Absence: _____

Section B: Employee Consent (To be completed by employee)

I hereby authorize my physician to release the information on this form to the Occupational Health and Safety (OHS) department at Hennick Bridgepoint Hospital. OHS may contact my physician to clarify the information on this form but the physician is not to provide additional information, and the OHS is not to request additional information, unless or until I sign a second consent. **I understand that I may revoke this authorization at any time.**

Employee Signature:_____ Date: _____

All medical information received will be kept in strict confidence in the employee's medical file.

Section C: Illness/Injury Information (To be completed by physician/practitioner)

Type of Disability:
☐ Illness/Injury ☐ MVA ☐ Optional Medical Procedure Not Covered by OHIP ☐ WSIB
☐ Communicable Disease, if yes has the communicable disease been reported to Public Health as required by law? ☐ Yes ☐ No

Nature of Illness/Injury (i.e. a general statement of a person's illness or injury in plain language without any technical medical details, including diagnosis or symptoms):

_____

Date of First Visit: _____ Date of Most Recent Visit: _____ Date of Next Visit: _____

Was the employee referred to a specialist? ☐ Yes ☐ No

Is, or was the employee hospitalized? ☐ Yes ☐ No From: _____ to: _____

Date Disability Commenced: _____ Expected Date of Return: _____

Please describe treatment plan:

_____

Anticipated date of return: _____ ☐ Regular ☐ Modified ☐ Modified hours

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Section D: To be completed by physician/practitioner at time of assessment

Function	Current Ability				
Walk	☐ 0 – 15 mins	☐ 15 – 30 mins.	☐ 30 – 60 mins.		
Sit	☐ 0 – 15 mins	☐ 15 – 30 mins	☐ 30 – 60 mins.		
Stand	☐ 0 – 15 mins	☐ 15 – 30 mins	☐ 30 – 60 mins.		
Lift	☐ Very Heavy (100+lbs)	☐ Heavy (51-100)	☐ Medium (21-50)	☐ Light (11-20)	☐ Sed. (0-10)
Push/Pull	☐ Very Heavy (100+lbs)	☐ Heavy (51-100)	☐ Medium (21-50)	☐ Light (11-20)	☐ Sed. (0-10)
Carry	☐ Both Hands	☐ Right Hand	☐ Left Hand	☐ None	Max. Weight: _____
Fine Finger	☐ Both Hands	☐ Right Hand	☐ Left Hand	☐ None	Max. Weight: _____
Dominant Hand	☐ Both Hands	☐ Right Hand	☐ Left Hand	☐ None	Max. Weight: _____
Stair Climb	☐ Continuously	☐ Frequently	☐ Occasionally		
Ladder Climb	☐ Continuously	☐ Frequently	☐ Occasionally		
Pushing/Pulling	☐ Continuously	☐ Frequently	☐ Occasionally		
Bending	☐ Continuously	☐ Frequently	☐ Occasionally		
Crouching/Kneeling	☐ Continuously	☐ Frequently	☐ Occasionally		
Driving	☐ Continuously	☐ Frequently	☐ Occasionally		
Repetitive Motion	☐ Continuously	☐ Frequently	☐ Occasionally		

Cognitive Capabilities – If applicable, please indicate limitations in cognitive function:

Coherent	☐ Yes	☐ No	
Judgment	☐ Good	☐ Adequate	☐ Poor
Concentration	☐ Good	☐ Adequate	☐ Poor
This individual can work	☐ Independently	☐ With Supervision	☐ With Assistance

Section E: Attending Physician/Practitioner Contact Information

Name: (please print) _____

Address: _____ Telephone: _____

Signature: _____ Date: _____

Thank you in advance for your assistance.
Once completed, please return to:
Hennick Bridgepoint Hospital by fax confidentially to 416-470-6725.

Sinai Health is committed to protecting your privacy. The personal information collected in this form is collected in accordance with the Occupational Health and Safety Act and the Workplace Safety and Insurance Act. It will be used and maintained by the institution for the intended purpose of providing you with Occupational Health and Safety services. If you have any questions about the collection, use and disclosure of the personal information provided on this form, please call the Hennick Bridgepoint Hospital OHS department at 416-461-8252 ext. 2802.