# Evergreen School Division

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Please return completed form to your patient prior to the end of the appointment.

To be completed in keeping with the requirements outlined by The College of Physicians & Surgeons of Manitoba, Standards of Practice of Medicine, Confidentiality and Privacy, Medical Information to Third Parties and Sickness Certificates.

Dear Healthcare Professional:

The patient you are about to treat sustained an injury/illness. This letter is to request your assistance in guiding your patient in their home and work activities while they recover.

To support injured/ill workers, we provide a comprehensive return to work program. All return to work plans are created in collaboration with our worker, their supervisor, the union if required, and you – the treating healthcare provider.

Due to our various operations, we are fortunate to be able to offer a wide range of work accommodations, including the ability to modify regular work duties/hours or providing alternate work duties (in some circumstances).

The direct supervisor would have had an opportunity to discuss the return-to-work program with this worker and would also appreciate your support and involvement so that we may have a complete understanding of recommended abilities and limitations.

Please complete the attached Functional Abilities Form to assist us in providing a tailored work plan for your patient and return this form to your patient prior to the end of the appointment.

If there is a concern about any duties which may be available, please note them on the form.

Thank you for your assistance in treating our team member and helping us return them back to work quickly and, most importantly, safely.

Should you have any questions, please contact me at any time.

NAME: Cara Desimpelaere, Human Resources Officer

PHONE NUMBER: 204-642-6281