



# PREGNANCY LEAVE OF ABSENCE (LOA) Healthcare Provider Statement

NOTICE TO PROVIDER: This Michaels of Canada LLC Team Member (patient) has requested Medical Leave for a serious health condition that they or an immediate family member have. Completion of this form is necessary to determine whether the employee's requested time off is reasonable and protected by provincial statutes covering Leave(s) of Absence.

## PART 1 | To be completed by the TEAM MEMBER

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Leave Type \_\_\_\_\_

LOA Type  Pregnancy Leave  Change of Leave Duration  Special Maternity Leave (Québec only)

I understand that the information requested on this form is required to assess my entitlement to a Leave of Absence from my employer and/or my suitability to return to my job. To protect the confidentiality of my personal information, access to my Canadian Benefits Management Limited file information will be restricted to:

- authorized employees and agents of Canadian Benefits Management Limited;
- to my employer if in the opinion of Canadian Benefits Management Limited the information is necessary to protect the health and safety of the work place; or
- to my employer but only to the extent required to communicate recommendations regarding my entitlement to a Leave of Absence, my ability to return to my job, or if I dispute the decision of Canadian Benefits Management Limited and I wish to escalate the matter to my employer. For these purposes my employer will not be given my medical diagnosis unless it is necessary and I provide an additional specific authorization to that effect.

I hereby authorize any health care provider to release all medical information in its possession, including physician's records, consultants' reports, hospital records and test results, pertaining to me to Canadian Benefits Management Limited.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PART 2: To be completed by Physician / Midwife

Is the Team Member currently pregnant: Yes  No

Expected Date of Delivery/actual Date of Birth:	dd/mm/yyyy	Based on : <input type="checkbox"/> LMP <input type="checkbox"/> Dating Ultrasound
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Predicted/actual last day of work:	dd/mm/yyyy	Predicted date of return to work:	dd/mm/yyyy
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Diagnoses:

Is there a risk of pregnancy termination or a danger to the health of the mother or unborn child?

Yes  No

Professional Name (please print): \_\_\_\_\_

Professional Type (Physician/Midwife): \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE TO PHYSICIAN: CBML medical staff may contact your office on behalf of Michaels of Canada LLC if additional information about this release is required. Michaels of Canada LLC may require a fitness for duty evaluation before employee returns to work. Physicians signature required for all return to work releases.

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If you require assistance: Telephone 1-844-636-9622 FAX: 1-866-629-7894