LEAVE OF ABSENCE (LOA) RETURN TO WORK FORM

To be completed by Physician / Clinical Psychologist. Please complete all relevant fields. Once complete, provide a copy to the Team Member and fax to CBML at 1-866-629-7894.

TEAM MEMBER

Name _____

Date of Birth _____ Leave Type _____

Please check the statement below which, in your opinion, is most appropriate in describing the patient's level of impairment.

☐ Patient is able to return to their regular work. Return to Work Date: _____

☐ Patient is able to return on a reduced schedule. Return to Work Date: _____

End of Reduced Schedule Date: _____ Hours per day/shift: _____

☐ Patient is able to return with Restrictions/Limitations. Return to Work Date: _____

End of Restrictions/Limitations Date: _____

If the patient requires Restrictions/Limitations, please complete.

Restrictions	Max Hours/day
Bending/Stooping	
Climbing (Stairs/Ladders)	
Grasping/Squeezing	
Kneeling/Squatting	
Pushing/Pulling	
Reaching	
Sitting	
Standing	
Twisting	
Typing	
Walking	
Wrist Flexion/Extension	

Specific To (if any)
Back
Neck
Left Hand
Right Hand
Left Wrist
Right Wrist
Left Arm
Right Arm
Left Leg
Right Leg
Left Foot
Right Foot
Left Ankle
Right Ankle

Misc. Restrictions	Max Pounds
Lifting/lowering from floor level	
Lifting/lowering from waist level	
Carrying	

Comments

Please indicate the duration that the above limitations will apply (days/weeks/months): _____

Professional Name (please print): _____

Professional Type (Physician/Clinical Psychologist): _____

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.

Canadian Benefits Management Limited. 1 Concorde Gate #301, Toronto, ON M3C 3N6 Email: michaels@cbml.ca
If you require assistance: Telephone 1-844-636-9622 FAX: 1-866-629-7894